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ADOLESCENT PREGNANCY IN AN INNER CITY AREA: THE EXPERIENCES AND NEEDS OF A GROUP OF ADOLESCENT MOTHERS

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A thesis submitted in partial fulfilment
of the requirements of the
University of Northumbria at Newcastle
for the degree of
Doctor of Philosophy

PhD

2007

Acknowledgements

For their tireless support, advice and guidance my supervisors, Rosie Cunningham, Dr. Gill Gillespie and Professor Monica Shaw

For guidance on university process and continuous encouragement, Linda Howe.

To my husband Roger for his enduring support, praise and motivation.

My parents for their positive encouragement.

My friends Ray and Dorothy

Abstract

Since 1990 the United Kingdom has experienced an unprecedented focus upon adolescent pregnancy from Government. The Government has made its position clear that adolescent pregnancy and motherhood are a problem to be avoided (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). By 2010 it is the Government's intention to reduce adolescent pregnancy by 50% of the current figure of 9.5% to 4.5% of all pregnancies (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). It is clear that Government statistics need closer examination. Adolescent pregnancy is a broad concept and headline statistics do not distinguish between planned or unplanned pregnancy and subsequent motherhood.

A review of literature and theories of motherhood reveals a lack of explicit comment regarding the position of adolescent motherhood. It is not clear whether the experience of motherhood is universal or if there is difference based upon age, maturity, social and economic status (Lawson and Rhode 1993, Arendell 2000).

This qualitative study focuses on a group of 36 adolescent mothers attending a Pupil Referral Unit in the North East of England. The Unit offered the mothers an educational provision in order to complete compulsory education. Insight is gained into the lives and experiences of the mothers and the coping strategies they employ in their adaptation to the role of mother.

An adapted grounded theory framework is utilised which incorporates three methodological approaches; an observation period of three months, five focus group interviews, and fourteen semi-structured interviews. The methodology generated rich data that reflected the respondent's experiences of motherhood. What became apparent during the study were the respondents' emotional reactions to pregnancy and motherhood. Emotional reactions included denial, anger with the biological father, isolation from friends, and the need to bargain for financial support.

This qualitative study is significant in the exploration of the experiences, needs and emotional responses of adolescents regarding pregnancy and motherhood and the coping strategies they employ.

Recommendations for Government include the consideration of long term strategies that support adolescent mothers and their children. Long term investment and evaluation can contribute to adolescent mothers returning to education and making a significant contribution to the economy.

Adolescent Motherhood in an Inner City area: Experiences and Needs of a Group of Adolescent Mothers

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Chapter 1 - Introduction

The Adolescent Mother

The role of women is explicitly linked to motherhood and central to the lives of the majority of women (Delphy 1981, Bouchier 1983, Oakley 1984, Millet 1985, Barrett 1987, Oakley 1990). Chodorow (1985) suggests motherhood defines the female experience. A mother is afforded significant status in society in relation to the continued development of the population. The maternal role focuses upon the nurturing and preparation of a child to uphold societal values (Chodorow 1985). This ideology of motherhood has endured throughout history and western society. It underpins the popular notion of what comprises a good mother (Arendell 2000). With the onset of industrialisation in the 18th century and the movement of women into the paid labour market there was a shift from the traditional stereotypical mothering role defined by the confines of the home and family environment. The mothering and caring role began to expand and become explicit within the wider community. Women were demonstrating they could work in paid employment and fulfil the role of mother. Some women in full time employment hired other women to fulfil their role within the home, caring for children and completing household tasks (Arendell 2000). In society today women are making choices, including postponing motherhood until careers are established, choosing to work and function as a mother simultaneously and, avoiding motherhood completely. However, for some women the role of mother can compensate for poor social status, when women's choices are limited (Lewin 1985, Homans 1985, Oakley 1990).

Single motherhood is common across the female age spectrum with evidence of the increasing separation of motherhood from marriage (Arendell 2000). The increasing evidence of single motherhood on closer investigation reveals two distinct trends. These trends are perhaps best described as primary and secondary single motherhood. Primary single motherhood is single motherhood from the onset of pregnancy. Secondary single motherhood results following parental separation or divorce in which the mother retains custody of the child. Adolescent mothers are in the main primary single

mothers. They have in the last decade received significant Government and media attention (Chambers, Wakeley et al 2001).

Within the dominant ideology of motherhood the single female adolescent who becomes pregnant is breaking societal rules (Fineman 1995). She has expressed her sexuality explicitly outside of marriage and is therefore threatening the traditional values ascribed to the family. The adolescent female who becomes pregnant is not perceived as being prepared for motherhood emotionally, economically and practically. Therefore her decision making powers regarding life choices are considered to be limited (Oakley 1985, 1990).

Since 1990 the United Kingdom has experienced an unprecedented focus upon adolescent pregnancy and motherhood from the Government (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). Government policy is underpinned by a clear position statement which regards adolescent pregnancy and motherhood as a problem to be avoided. Through the establishment of a central Department of Health Social Exclusion Unit (DOH 1999) the Government has identified funding to support a strategy and national target to achieve a reduction in adolescent pregnancies over a 10 year period. The target set by Government is to reduce the percentage of pregnancies to adolescents by 50%.

The most recent information concerning the percentage of pregnancies among women under the age of eighteen years in the United Kingdom suggests the level is 9.5% (DOH Social Exclusion Unit Report Action Plan 2006). By 2010 the intention is to reduce this figure to 4.5%. The Government is aware of significant regional variation and higher rates of adolescent pregnancy are experienced by the poorer regions of the United Kingdom. Significant investment has been made in the development of regional strategies and targets. Regional co-ordinators and local leads have been appointed and funds allocated to implement the strategy at local level.

It is clear with Government setting an overall target to reduce adolescent pregnancy that the statistics and their interpretation need closer examination. Increasingly qualitative studies are providing a more in-depth exploration of adolescents' decision making, knowledge of sex and relationships, and short and long term pregnancy outcomes (Arendell 2000, Jewel, Tacchi et al 2000, Arai 2003, Dawson, Hosie et al 2005, Rowlington and McKay 2005, Schoon, Martin et al 2005, Buckley 2006). Adolescent pregnancy is a broad concept and the headline statistics do not explicitly distinguish between planned and unplanned pregnancy or single pregnancy and pregnancy within a stable relationship. Crucially there is not an accurate differentiation between pregnancy and subsequent motherhood which is an important factor in terms of outcome. It is estimated that 50% of known adolescent pregnancies result in termination (DOH Social Exclusion Unit Report 1999). Figures could be greater than this because a spontaneous termination can occur early in a pregnancy when a woman maybe unaware she is pregnant. Anecdotal evidence indicates a significant number of adolescents conceal their pregnancy or comment that they were unaware of the pregnancy. However evidence of concealment would be difficult to collect or validate. An accurate estimate of concealment, planned and unplanned pregnancies are difficult to determine because of issues of confidentiality and subjectivity. If a pregnancy is unplanned and concealed when the pregnancy does become apparent termination is not a viable option because of the health risks to mother and child and also the current limit of life viably (viability is set currently at 24 weeks gestation but there is evidence that babies are surviving as early as 21 weeks gestation).

The distinction between adolescent pregnancy and adolescent motherhood has significant outcomes for the adolescent female. Within the extensive adolescent pregnancy literature, qualitative studies are focussing increasingly upon the experiences of adolescent mothers (Arendell 2000, Rowlington and McKay 2005, Schoon, Martin et al 2005). There are fewer studies that focus on the biological fathers' successful adaptation to parenthood (Lane and Clay 2000, Bunting and McAuley 2004).

In determining policy and setting reduction targets, Government has labelled all adolescent pregnancies as problematic (DOH, Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). There is a need for further qualitative analysis of the statistics to determine the different circumstances, needs and outcomes of adolescent pregnancies. A review of the literature and theories of motherhood reveals a lack of explicit comment regarding the position of adolescent motherhood (Arendell 2003, Benn 1998, Chadorow 1985, Fildes 1990, Lawson and Rhode 1993, Riddick 1993, Oakley 1985). It is not clear if the experience of motherhood is regarded or experienced as universal or if there is difference based upon age, maturity or the social and economic status of the mother.

The Study

This qualitative study offers an insight into the experiences of motherhood for a group of 36 adolescent mothers who attended a Pupil Referral Unit in an inner city area in the North East of England. The study setting provided an educational environment where the mothers could care for their child and establish friendships with their peers as well as studying a limited range of subjects at GCSE level supported by two qualified teachers.

The initial objectives of the study were identified:

Initial Objectives

1. To explore the experiences of 36 adolescent mothers who were completing their education in a Pupil Referral Unit
2. To document the social and economic experiences of these mothers including the coping strategies they employed
3. To examine their perceptions of the support systems offered in a Pupil Referral Unit for adolescent mothers

An adapted grounded theory was developed following the guidance of Strauss and Corbin (1990), and Glaser (1998). Within this qualitative approach the study design consisted of three methodological approaches.

Methodological Approaches	Date
The Observation Period 1 day per week for a 3 month period observing the respondents in the Pupil Referral Unit setting. A Reflective Diary was maintained to document researcher reflections on observations	1997
Focus Group Interviews 5 focus groups	1997
Semi-Structured Interviews 14 individual semi-structured interviews	1999

During the course of the study the researcher gained the trust of the mothers and was enabled to observe and communicate with the mothers in the setting of the Pupil Referral Unit. Through the methodological approaches insight was gained into the lives and experiences of the mothers and the coping strategies they employed in their adaptation to the role of mother.

The number of respondents within the study remained constant at 36 reflecting the maximum numbers the Pupil Referral Unit could accommodate. However, the study population was transient resulting in only a proportion of the original respondents taking part in all stages of the study. Lack of consistency was a weakness of the study as continuity of individual respondent experience was not achieved. The 36 respondents did not comprise a discrete cohort but reflected the capacity of the Pupil Referral Unit. Individual respondents joined and exited the Unit at different times during the course of the study and this was dependent upon the stage of pregnancy, maternal age and completion of GCSEs. It is argued that the transience of the 36 respondents added to the robustness of the emerging themes, lines of enquiry and dimensions.

The original objectives of the study were re examined following analysis of the data that emerged from the focus group interviews: It became clear that the original objectives remained relevant but lacked a clear focus. They were modified to reflect the data emerging from the study thus far and to focus the progression

Modified Objectives
1. To explore the realities of adolescent motherhood drawn from the experiences of a group of 36 respondents attending a Pupil Referral Unit.
2. To identify the views of the respondents regarding the status of men in their lives.
3. To investigate the forms of support required by the respondents.
4. To discuss the respondents' perceptions of stigmatisation.
5. To examine the value the respondents attached to education.

The reflective diary was commenced during the observation period and proved valuable in adding context to the interviews. The focus group and semi structured interviews were tape-recorded and transcribed. The methodology generated rich data which, following interrogation and analysis, contributed to the development of themes, categories, lines of enquiry and opposing and overlapping dimensions which reflected the respondents experiences of motherhood. The respondents' emotional reactions to pregnancy and motherhood became apparent within the semi-structured interviews where the mothers recounted individual experiences. Responses included denial and concealment of the pregnancy, anger with the biological father and the State, isolation from pre-pregnancy friends and established social networks, bargaining for financial support for mother and child and adaptation to the role of mother.

On reflection the presentation of the data centred on the methodological approaches which resulted in a tendency for repetition of themes in the analysis of the data from the observation period, focus group and semi-

structured interviews. The separation of responses for each methodological approach was underpinned by the transient nature of the study 36 respondents attending the Pupil Referral Unit. However, the profile of the respondents demonstrated similarities which generated similarities in respondents' experiences of pregnancy and motherhood. This outcome was difficult to predict at the outset of the study. To avoid repetition in the presentation of the data by methodological approach, the data could have been presented around the themes.

Whilst this qualitative study generated significant findings, generalisations could not be made. The data was rich but insufficient to generate a robust theoretical position regarding adolescent motherhood. The mothers' experiences and responses were encapsulated within a conceptual model. Conceptual models are useful as they provide a tool for the analysis of data and development of concepts that predispose to further enquiry and theory development. However, caution is essential as a conceptual model is a facilitative tool that should not restrict the data but allow for flexibility. Kubler-Ross's (1970) conceptual model of death and dying, which highlighted the emotional stages or phases patients experience whilst preparing for death, is a case in point. Respondents within the study for this thesis expressed similar emotional reactions to those identified by Kubler-Ross.

Although the Kubler-Ross's model (1970) was developed specifically to analyse the emotional process associated with death and dying, there was recognition that emotional responses are frequently generic to a range of life experiences. The Kubler-Ross model was therefore utilised as a tool to facilitate the analysis of the data generated from this study. Due regard was afforded to the need for flexibility and avoidance of rigid categorisation; however the phases provided a useful structure. The model incorporated additional theoretical approaches that assisted in the exploration of experiences of adolescent motherhood including Reciprocity, Coping Strategy and Social Relations Analysis (Stemmler and Petersen 1999, Ross et al 2005).

In the analysis of the five phases of the Kubler-Ross (1970) model a further phase was identified which reflected the experience of the respondents within the study. The phase was the adaptation to motherhood. The six phases of the model were not related to a particular stage of pregnancy or motherhood and were not time limited. The model did not demonstrate a linear progression in relation to respondents moving between the phases. Evidence demonstrated the phases were transient and could be influenced by stages of child development or difficulties experienced by the respondents including financial hardship and stigmatisation.

The modified objectives of the study were achieved in that the realities of adolescent motherhood were explored through the 36 respondents within the study who shared their experiences of pregnancy and motherhood. The respondents expressed mixed views regarding the status of men in their lives specifically the biological father. The majority of the respondents lived with their parents and relied upon them for support for themselves and their child. Financial support was received from the State but for the majority of the respondent this was not sufficient. The respondents received support from their peers in the Pupil Referral Unit with whom they shared similar background and experiences.

The Pupil Referral Unit was positively evaluated by the respondents with attendance of almost 100%. The respondents engaged in the educational process whilst caring for their children. The two Unit teachers' provided individual educational support to the respondents. The respondents completed their compulsory education and achieved moderate GCSE success. Whilst the respondents had aspirations for the future for themselves and their children it was not clear where support would be provided to achieve aspiration when education at the Pupil Referral Unit was complete.

In addition to the achievement of the modified objectives a further aspect of the respondents experiences of pregnancy and motherhood emerged. The objectives failed to capture the respondents' emotional responses to the adaptation to motherhood. A weakness in determining specific objectives in a

qualitative study is that responses can not be pre-determined. The modified objectives proved to be narrow and whilst achieved did not reflect the depth and quality of the respondent experiences.

In conclusion the findings of this qualitative study are significant in their contribution to an understanding of the experiences and needs of adolescent mothers and the coping strategies they employ in adapting to the maternal role. It is recommended that the Government review its Social Exclusion Unit Strategy and Action Plan (1999, 2006). It is not sufficient to support adolescent mothers in the short term. Long term investment can contribute to adolescent mothers returning to education and making a significant contribution to the economy.

The Structure of the Thesis

The structure of the thesis facilitates the logical development and presentation of the study. Chapter 2 provides a review of motherhood drawing on literature, Government strategy and research studies. Chapter 3 presents an overview of the methodological approaches adopted in the study. Within chapters 4, 5, and 6 the findings are presented from the observation period, the focus groups and the semi structured interviews. Appendices 1, 2 and 3 add supporting information to the methodological chapters, in particular appendix three where the semi-structured interviews are presented as individual respondents accounts. Chapter 7 sees the culmination of the study with the application of a conceptual model which explores the emotional responses to adaptation to pregnancy and motherhood.

The model draws on the work of the Kubler-Ross (1970) and the death and dying model. Theoretical approaches including Reciprocity, Coping Strategy and Social Relations Analysis (Stemmler and Petersen 1999, Ross et al 2005) drawn on explore the relationship between parent and sibling. The conceptual model identifies the six phases which the respondents experience until they reach the finally stage, adaptation to motherhood. The conclusion presents a summary and discussion with identification of the strengths and

weaknesses of the study and makes recommendation for further research and policy consideration.

Chapter 2 - A Review of Motherhood

Introduction

This chapter provides the contextual, conceptual and theoretical backdrop for considering the experience of adolescent mothers within this study. The chapter commences with an overview of the position of women as mothers in society globally. The role and function of women in the Western hemisphere will be further explored drawing specifically upon a range of literature that addresses the position of a woman as a mother, a caregiver and a worker. Motherhood is perceived as an important aspect of the role of a woman in that a mother is afforded significant status in society in relation to the continued development of the population and individual citizens who are prepared by the mother to uphold the value and traditions of their particular societies. A global perspective highlights the difference in perceptions of motherhood and child development specifically between the Eastern and Western hemispheres. In the West, it is argued that low maternal and infant morbidity and mortality rates are taken for granted where as in Sub-Saharan Africa morbidity and mortality are areas of grave concern (The Safe Motherhood Initiative 2006).

In the West the maternal role focuses upon the nurturing and preparation of a child to uphold societal values. The position of single mothers is highlighted, focussing upon issues surrounding the separation of motherhood from motherhood within a stable union, primarily marriage, which is perceived as essential in a child's development and adaptation to society's values. Particular attention is given to the single adolescent female who becomes a mother as she is perceived as not only having acted outside society's traditional family structure but also as being unprepared either economically or psychologically for motherhood. The negative societal perception of adolescent motherhood is reinforced by the Government's Social Exclusion Unit Report (Department of Health (DOH) 1999) and the follow up Social Exclusion Report Action Plan (DOH 2006).

A Global Perspective

A global perspective of motherhood clearly demonstrates the difference, for example, between the position of women in Europe and women in Sub-Saharan Africa. In Europe maternal mortality and morbidity are central indicators of the health of a nation and are monitored closely by Governments. The role of the mother and motherhood is promoted as an essential foundation in a child's development and adaptation to society (Safe Motherhood Initiative 2006). The health of a mother is perceived as an indicator of the health of a population, a healthy mother determines the development and adjustment of a child to society's norms and values.

International statistics published by the Safe Motherhood Initiative (2006) highlight cause for concern as globally there are variations in maternal and infant health with the risk of morbidity and mortality to mother and infant greater in Sub-Saharan Africa. The safe motherhood initiative (2006) has a central aim of improving the health of the mother internationally. Key indicators of maternal health include:

- 525,000 (1990) women die each year from maternal causes
- The greatest risk of maternal death are faced by women in Sub-Saharan Africa
- Across regions, lifetime risks of maternal death vary from 1 in 4,000 in Northern Europe to 1 in 16 in Sub-Saharan Africa
- Maternal health complications contribute to the deaths of at least 1.5 million infants in the first week of life and 1.4 million still born babies
- Young women aged 15-19 years are twice as likely to die in childbirth as women in their 20s
- More than 50 countries allow marriage at age 16 or younger and 7 allow marriage as early as 12 years
- On average, women with 7 or more years of education marry 4 years later than those with no education
- The goal of the Safe Motherhood Initiative is to reduce maternal deaths from 1990 levels by 75 per cent by the year 2015

(Safe Motherhood Initiative 2006)

In those countries experiencing the lowest rates of morbidity and mortality, the health of the mother is related to the health and prosperity of the society, a healthy mother contributes to a healthy workforce and a prosperous economy. In the West mortality and morbidity statistics demonstrate that the majority of women and their children enjoy a level of physical health that is not compromised by childbirth. The West continues to monitor morbidity and mortality statistics; however there is also a focus upon adaptation to the role of mother and ensuring that the values and beliefs of a society are an intrinsic part of a child development. In contrast, the priority for Sub-Saharan Africa is to reduce maternal and infant mortality and morbidity rates through physical health improvement. Global equity in maternal and infant morbidity and mortality is an objective of the Safe Motherhood Initiative (2006) but there is little evidence that global equity in safe motherhood is a priority for all Governments. Age, maturity and status of mothers as well as physical health are dominant factors in the West; in Sub-Saharan Africa the central issue is survival regardless of age, maturity or status of the mother. This chapter will focus primarily on Western societies perceptions of motherhood and the status the role is afforded in the determining the adaptation to a society's values and standards. However global issues surrounding maternal and child health cannot be ignored and reinforce the unequal approach by Governments to maternal and child health.

The Position of Women as Mothers

Arendell (2000) argues there is ambiguity surrounding the terms "mother" and "motherhood". Literature relating to the mother and the maternal role encompasses two assumptions; a mother is a woman who gives birth to a child and who cares for and raises a child. Leonard (1996) argues that these assumptions are not necessarily synonymous, a woman who gives birth to a child (the biological mother) may not raise the child, and a woman who raises a child may not have given birth to that child (the social mother). Chodorow (1985) argues that the elements that define the mothering role are socially constructed activities, which involve both nurturing and care. From the mother a child learns both its identity and place in society (Chodorow 1985).

Chodorow's assertion regarding the role of the mother in facilitating a child's identity and place in society underpins the significance contemporary western society places on the role of mother.

The role of the mother to prepare a child to take its place in society is part of the mother's nurturing role; however nature provides the child with its genetic make-up, a combination of the genetic traits unique to both the biological mother and father (Leonard 1996). Human biology challenges the role of the mother as being exclusively socially defined and supports the notion that the role is a combination of Nature (biology) and Nurture (society). The biological mother provides the optimum environment for a fetus to grow and develop. The female body following biological reproductive maturity at the menarche is equipped to feed a child and provide the nutritional and immunological ingredients that promote human growth and protection (Colsen 2006). The human elements of nutrition and immunological protection have been replicated synthetically but research demonstrates they are not as effective as those provided by the biological mother, therefore the biological status of the mother to the child and its development is significant (Buckley 2006, Colsen 2006).

The nurturing or social aspects of the role of mother are multifaceted and represent the ultimate in terms of devotion, affection and importance within society (Arendell 2000). At the centre of the maternal role is the child. It has been argued that the maternal-child bond is intense and forms the corner stone for child development and effective adaptation to society (Bernard and Marshall 1995). The maternal role is deemed to ensure the development of the child to reflect the structure and values of society, however the adverse can also occur and a mother can be blamed for things that may go wrong in the development of a child. Idealised concepts of the family are based on the caring relationship between a mother and the family unit. Because the mother, child and family relationship is held in such high esteem this caring relationship is perceived as the standard for all forms of caring within western societies (Tarlow 1996). Chodorow (1985) argues that everyone has been and continues to be mothered; either directly through the mother-child

relationship or indirectly through the standards of caring that has been adapted from the maternal role. The maternal role continues as new mothers assume their role and perpetuate child development and the need for a caring relationship (Arendell 2000, Chodorow 1985).

There is a social status related to being a mother. Motherhood is bound up with beliefs and values and is institutionalised not only in marriage and the family but also in law and social policy. Motherhood is pervasive throughout a whole society (Gillis 1997). It is associated with women because, it is women who undertake the majority of work within the mothering role, caring and nurturing perceived as part of the world of a women. In the West female gender and mothering tend to synonymous and this has been the position throughout history (Tarlow 1996, Gillis 1997, Arendell 2000).

Arendall (2000) argues that the debate that focuses upon defining and theorising mothering and motherhood continues. Themes within the debate focus upon developing a model that encompasses the breadth of the mothering role and the universally accepted constituents that determine the role. The production of a model that could be universally accepted could be over ambitious, therefore Arendell (2000) supports the development of a universal paradigm that aims to identify and account for the particular processes and purposes of the mothering role. Diversity within the mothering role can not be ignored and encompasses racial, ethnic and class variations as well as issue of different types of family structure including single parenting and same sex parenting (Arendell 2000). Glenn (1994) suggests definitions of motherhood and the practices that determine the role are historically situated and variable. Apple and Gordon (1997) focusing upon American history, suggest that as all women potentially have the capacity to conceive, support the incubation of a child, give birth and lactate, these are not the issues that need to be addressed. The issues that need to be explored are related to why some women choose or conversely, have little choice in engaging in the ongoing and demanding activities relating to child rearing and nurture (Glenn 1994, Apple and Gordon 1997).

Kaplin (1997) argues that the mothering ideology is dominant and is wholly child centred, emotionally involving and all time consuming. The ideology is based on the standard that a mother should be devoted to the care of others, thus playing a self-sacrificing role in putting her own needs last, or being made to feel guilty if she does not. This ideology of motherhood has endured throughout history and western society and underpins the popular notion of what comprises a good mother (Arendell 2000). With the beginning of industrialisation in the 18th century and the movement of women into the paid labour market there was a shift from the traditional stereotypical mothering role defined by the confines of the home and family environment. The mothering and caring role began to expand and become explicit within the wider community. The term intensive mothering was devised with the shift to an industrial capitalist economy and the separation of paid labour from the home environment (Apple and Gordon 1997). Arendell (2000) suggests that intensive mothering evolved from the process of women becoming part of the paid workforce as well as working within the home, nurturing the children as well as sustaining the home environment.

The ideology of motherhood is entwined within an idealised view of the family as a middle class heterosexual couple and their children. Within this ideology the male role is dominant and therefore value is placed upon a patriarchal view in which the mothering role is to uphold patriarchal standards in childrearing and child development. Intensive mothering ideology reinforces the gender based division of labour, ensuring that the female role continues to nurture children, service men and sustain the family, as well as contributing to the labour workforce and family income (Barrett 1987, Walby 1991, Oakley 1990, Benn 1998). With this viewpoint the role of women is explicitly linked to motherhood and thus central to the lives of the majority of women. Motherhood continues to be a major factor involved in the division of labour by gender, however, because while engaging in different forms of paid and unpaid work, it is argued that maternal functions are given priority (Delphy 1981, Bouchier 1983, Oakley 1984, Millet 1985, Barrett 1987, Oakley 1990). Chodorow (1985) suggests motherhood defines the female experience, although in society today women are making choices, including postponing

motherhood until careers are established, choosing to work and function as a mother simultaneously and, avoiding motherhood completely. It is argued that for some women the role of mother can compensate for poor social status, when women's choices are limited (Lewin 1985, Homans 1985, Oakley 1990). Regardless of women's choices it appears that women still feel obliged to present a rationale regarding their potential or actual motherhood status (Chodorow 1985).

Rowlingson and McKay (2005) used both quantitative and qualitative methodologies to explore the socio-economic origins of lone women and the impact on socio-economic disadvantage. The researchers found that women from poor working class backgrounds are more likely to become single mothers than women from middle class backgrounds. Single mothers from poor working class backgrounds are likely to remain single and poor with little opportunities to raise their expectations. The researchers argue that the experiences and choices available to single mothers are varied even if the social economic circumstances are similar and therefore generalisations based on the socio-economic status of women should be avoided.

Matthews and Ventura (1997) examined population trends in the United States and argue childbearing is being delayed compared to other decades reflecting women's perceptions of greater life options and access to contraception. Debates that focus upon the mothering role and the role of women are underpinned by the increased separation of marriage and motherhood with an associated increase in single motherhood. The high rate of divorce and the significant proportions of births to unmarried women further support these trends. Sixty per cent of all first marriages in the United States end in divorce, most within the first ten years of marriage when children are young. Approximately half of mothers with young children will be single parents by the age of 35 years as it is the mother in the majority of cases who retains custodial care of the child. Single motherhood in the United States is therefore a significant phenomenon, although it is not directly related to maternal age. Single motherhood is perceived as a further move towards

increasing women's autonomy and threatening the dominant ideology of marriage and family stability (Matthews and Ventura 1997).

Ruddick (1993) argues mothering regardless of the diversity of the role is synonymous with caring. Mothers are not recognised by what they feel or think, they are judged as a mother by society for what they do and how they attempt to carry out their mothering role (Ruddick 1993). The standard of motherhood presented within a dominant ideology identifies a mother absorbed in nurturing activities and situated within a biological nuclear family is contradicted by a minority of mothers who do not conform to the stereotypical image of motherhood (Fineman 1995). Fineman (1995) argues single mothers, mothers' dependant on the state and minority ethnic mothers are commonly subject to deviancy discourse as well as white middle class mothers who choose to work full time as they are also acting outside the patriarchal norms of society. Those mothers who are subject to deviancy discourse are demonstrating they are able to fulfil their maternal role outside the stereotypical view of a mother within a society that is based upon a patriarchal structure (Oakley 1990, Walby 1991, Fineman 1995, Benn 1998).

White, middle class mothers in full time employment attract criticism because they are seen to be self sufficient and able to cope without the structure of the traditional nuclear family or state support. Those mothers who are perceived to be reliant on the state e.g. single mothers are subject to criticism because there is a perception that their position would be improved if they were supported within the traditional patriarchal nuclear family (Fineman 1995). Deviancy discourses vary by race, class, age and marital status. For the poor single mother then emphasis is placed primarily on the need to gain paid employment. For white middle class mother who is in full time employment, the emphasis is to prioritise motherhood and reduce employment. Discrimination to motherhood is varied and dependent on factors including age, class, marital status and ethnicity of the mother but the central focus remains in that the maternal role should reflect the patriarchal norms and values of society (Fineman 1995). Arendell (2000) argues discriminatory

attitudes reveal cracks not only in the dominant ideology of motherhood and the family but also of gender, age and race.

Adolescent Motherhood

Single motherhood is a common phenomenon in contemporary society across the female age spectrum with evidence of increasing separation of motherhood from marriage (Arendell 2000). The increasing evidence of single motherhood on closer investigation reveals two distinct trends. These trends are perhaps best described as primary and secondary single motherhood. Primary single motherhood is single motherhood from the onset of pregnancy. Secondary single motherhood results following parental separation or divorce in which the mother retains custody of the child. Adolescent mothers are in the main primary single mothers and they have specifically in the last decade received significant Government and media attention. Indeed, the aim to significantly reduce the numbers of adolescent mothers maintains a central objective in the Government Social Unit Exclusion initiative which was launched in 1999 and has which has subsequently developed strategies across all regions within the United Kingdom to reduce the incidence of adolescent pregnancy. In 2006 the Social Exclusion Unit published an Action Plan for Social Exclusion. The Action Plan identifies time-limited targets to reduce Social Exclusion and embedded within these targets is adolescent pregnancy reduction. Issues of age, employment, education and dependency upon the state reinforce the Government's position on social exclusion and adolescent pregnancy reduction. It is argued the Government have failed to recognise that the issues faced by adolescent mothers are common to all single mothers where there is evidence of poverty and deprivation (Arendell 2000).

Within the dominant ideology of motherhood the single female adolescent who becomes pregnant is breaking societal rules (Fineman 1995). She has expressed her sexuality explicitly outside of marriage and is therefore threatening the traditional values ascribed to the family. Whilst she has engaged in a heterosexual relationship and contributed to the continuance of society through reproductive function she has not maintained traditional family

values that are underpinned by maturity, sufficiency, parenthood and patriarchy (Lawson and Rhode 1993, Arendell 2000). The adolescent who becomes pregnant is not perceived as being prepared for motherhood emotionally, economically and practically and therefore her decision making powers regarding life choices are limited (Oakley 1985, 1990).

Ruddick (1993) argues that adolescent motherhood is considered to be an official problem in both Britain and the United States. Within national debates, the adolescent mother is presented as a symbol of sexual and social disorder, a product of a cycle of poverty and despair (Ruddick 1993). Ruddick's assertion is reinforced through Government Policy, the media and society in that motherhood during adolescence is identified as a problem that is viewed specifically from a socio-economic perspective (Department of Health (DOH) Social Exclusion Unit Report 1999 and Action Plan 2006, McCulloch 2001). This negative perception is based primarily on an adolescent mother's status as a single parent who is dependent on the state for financial support with no evidence of any contribution made to the state. There appears to be little consideration of the socio economic experiences of the adolescent mother and the limited social and economic choices available to her, one of which is motherhood (Macintyre and Cunningham-Burley 1993, Lawson and Rhode 1993, Ruddick 1993). Macintyre and Cunningham-Burley (1993) are critical of Government and society's construction of adolescent motherhood as a problem and for the lack of focus on the positive elements of motherhood for the adolescent mother, including the development of the bond between mother and child and the fulfilment of the maternal role.

Watt (2002) argues the majority of adolescent mothers in the United Kingdom originate from poor backgrounds with few prospects of work locally and little to aim for educationally. In this respect, the United Kingdom has the highest rate of teenage pregnancy in Western Europe, being three times the rate of France and Sweden and six times the rate of the Netherlands (McCulloch 2001). Macintyre and Cunningham-Burley (1993) suggest society's popular negative view of adolescent pregnancy and subsequent motherhood is narrow and limited, as it does not take into account wider societal issues. The

increase in sexual activity, abortions, non-marital childbirth, single parenting and female poverty is apparent among the older population as well as younger, and in many cultures some of these trends are relatively unproblematic (Wisnia 1990, Macintyre and Cunningham-Burley 1993).

The social experiences of female adolescents can make pregnancy a rational choice. Many pregnant adolescents belong to the lower socio-economic groups where the norm is early sexual experience and motherhood, with poor educational, social and economic prospects. With the scant resources available to them adolescents may be investing in their long term value and worth, which comes from motherhood (Lawson and Rhode 1993). Lawson and Rhode (1993) argue adolescent childbirth and motherhood has always occurred but over the last few decades the link between adolescent pregnancy and motherhood has become synonymous with social problems. This is in contrast with the concept of maternal instinct being an acceptable reason for pregnancy and childbirth after the age of twenty (Macintyre and Cunningham – Burley 1993). Conflicting messages can cause confusion to adolescents including frequent media representation of sex as part of advertising campaigns with little attention paid to the potential consequences. Adolescents can engage in sexual activity because it is perceived as acceptable and the norm. If pregnancy occurs then adolescents are given a strong message of rejection by society (Watt 2002).

Adolescent Motherhood and Social Exclusion

Adolescent mothers and their children have been identified as being at increased risk of the problems associated with social exclusion (DOH, Social Exclusion Unit Report 1999 and Action plan 2006). The Government in both determining adolescent pregnancy and motherhood as a problem have also stated that adolescents who become pregnant should not lose any opportunities for the future. This position was outlined in the Social Exclusion Unit Report (1999) and has been reinforced in the Social Exclusion Action Plan (2006). Unfortunately the Government has failed to make the distinction between pregnancy and motherhood and the potential impact of motherhood on the adolescent female. There are between 112,000 and 119,000

adolescent pregnancies each year in the United Kingdom of which 50% of those pregnancies will be terminated. It is important to place adolescent motherhood in context of total birth; approximately 3-4% of total births in the United Kingdom are to adolescent females (Lawson and Rhode 1993, McCulloch 2001). There is a distinct difference between pregnancy and motherhood and support required. Both termination of pregnancy and motherhood are associated with enduring issues for an adolescent female. Adolescent females who experience a termination of pregnancy require psychological support to come to terms with the loss of their child. An adolescent mother requires support for both her child and herself. The Government has also failed to recognise the effect of termination of pregnancy or parenthood upon the biological father. The father of the child is often excluded in policy discussions as well as in practice. Assumptions are made that the father of the child will also be an adolescent but this is not always the case as evidence within this study revealed biological fathers tended to be older than the mother, were be married or were prone to denying paternity. In addition, it was common for the adolescent mother not to reveal the identity of the father.

The Prime Minister has suggested that social exclusion relates to a combination of problems impacting on an individual or area, which include unemployment, poor levels of skills, low incomes, poor housing, high crime environments, poor health and breakdown of the traditional family structure. The Department of Health, Social Exclusion Unit Report and Action Plan (1999, 2006) as well as defining the parameters of social exclusion has also described the solutions. The Action Plan (2006) in particular has identified the solutions which include providing work and learning opportunities, removing barriers, strengthening communities and helping children and adolescents to develop skills in order to prevent their exclusion as adults. Adolescent mothers are more likely than their adolescent peers to live in poverty, isolated, unemployed and remain trapped because of a lack of educational opportunities (DOH, Social Exclusion Unit Report 1999). Whilst the goals of the Social Exclusion Report and Action Plan set out target to address poverty and isolation specifically for adolescents, there has been a failure of the

Government to listen to adolescents and their perceptions of need. The Government has interpreted adolescent motherhood as a problem to be avoided, however there is little recognition of the benefits of motherhood to an adolescent female, including the bond established with the child and the preparation of the child to contribute to society.

Watt (2001) argues that adolescent pregnancy and motherhood is not the real problem, the real problem is the combination of single motherhood and poverty. In a qualitative study, Jewel and Ryan (2001) found that adolescent motherhood was more acceptable in socially deprived areas where the mothers lived with and were supported by their family. Even when there was acceptance by the local community, specifically peers, the mothers in the study stated they were constantly trying to improve themselves to demonstrate their effectiveness as mothers and their maturity in decision-making (Jewel et al 2000, Ryan 2001).

Evidence from longitudinal studies demonstrated that adolescent females from deprived areas are more likely to become mothers during their adolescent years (Hobcraft and Kiernan 1999). Hobcraft and Kiernan reviewed the evidence from the National Child Development Study in 1958 and the British Cohort Study of 1970. The results of both studies and examination of the 1990 national statistics revealed that fertility rates remained constant, between 11% and 12% for women below the age of 20 years living in deprived areas. The statistics further revealed that these fertility rates had not altered since the 1960s and reflect the national statistics of 1990 (Hobcraft and Kiernan 1999). The Social Exclusion Unit Report and Action Plan (1999, 2006) have highlighted the importance of economic disadvantage and educational attainment as the two most powerful background factors implicated as indicators in adolescent motherhood however other than economic cost to society of supporting adolescent it is not clear why the Government have highlighted these adolescence fertility statistics in 1999 (which are largely unchanged since 1970) with targets set to reduce fertility rates in adolescent females.

Schoon, Martin and Ross (2005) used a multivariate model to examine pathways leading to early motherhood. A number of factors were identified by the researchers that were linked to early motherhood including, parents' social class, economic hardship, poor conduct behaviour and lack of motivation to attend school. A significant factor was the recognition of familial history of adolescent motherhood, indicating that motherhood at an early age was a common factor where there was evidence of social and economic hardship. The researchers found that the adolescent females who were disenfranchised from school with no perception of the potential of the value of education demonstrated an increased risk of early pregnancy and motherhood. Schoon, Martin and Ross (2005) argue that early intervention should aim to increase adolescent engagement and satisfaction with school. Those adolescents who were not motivated to attend school reflected a family trait where little value was ascribed to education and where motherhood was an option for the female adolescent (Martin and Ross 2005).

In defining the causes of and solutions for social exclusion, the Government is taking a tough stance in aiming to reduce adolescent pregnancy, clearly stating a desire to avoid the exclusion of adolescent mothers (Watt 2001). The Government's main aim is to reduce by half the teenage pregnancy rate (from 10% of all pregnancies in 1999 to 5% of all pregnancies in 2010) with the investment of £60 million pounds to develop a programme to raise awareness and introduce measures to prevent pregnancy amongst adolescents (DOH 1999, Watt 2001).

In response to the Social Exclusion Unit Report (DOH 1999) the Department of Health in 2000 agreed to support and fund a number of projects across England to reduce the rate and adolescent pregnancy and provide assistance to adolescent mothers (Watt 2001). The Department of Health allocated funds to areas that are determining strategies to reduce adolescent pregnancy and motherhood. Each area where funds were allocated set targets which are closely and continuously monitored to ensure that the strategy meets the Government target to reduce Adolescent pregnancy. Pilot projects have also been established to support adolescent mothers who

return to School by providing 16 hours of childminding services. Denholm and Nichol (2001) argue that such pilot projects will not reduce the adolescent pregnancy rates but they will support the inclusion of adolescent mothers with an aim of raising expectations, specifically moving adolescents out of poverty and into employment. Evaluation of the effectiveness of the pilot projects will help to determine if the aims are being realised. The outcomes of the pilot projects have contributed to the publication of the Social Exclusion Unit Action Plan (2006) which has set time-limited targets across the country.

Social Exclusion and Local Application

The under 18 year old conception rates in the Northumberland region of the United Kingdom (the location of this study) were variable throughout the 1990's. In 1998 the conception rate was 42.3 per thousand women aged between 15 and 17 years. To meet the target set by the Social Exclusion Unit Report (DOH 1999) the conception rates in Northumberland needed to fall to 35.5 per thousand women aged 15 to 17 years by 2004 and to 20.9 per thousand women aged 15 to 17 years by 2010. To this end, Northumberland developed a teenage pregnancy strategy in 2000 with aims that reflected the Social Exclusion Unit Report (1999). Although the conception rate for under 18 year olds has subsequently decreased in the County and is lower than the initial target set for 2004, it is not clear if the rate set by Government nationally is achievable. There is evidence that Northumberland strategy is effective to date across the region (Northumberland County Council 2006) although it is not clear if it discriminates between adolescent planned or unplanned pregnancy and whether this distinction is important in offering support and advice to adolescents via sex and relationship education.

Northumberland has been praised and identified as an area of good practice in reducing adolescent pregnancy rate however there has been little analysis of the impact of the reduced rate on the community. There is evidence that the population of Northumberland has decreased, the means age of the population is 37.8 years. The age profile of Northumberland demonstrates that the smallest population groups are under 16 years old (18.8%) and 16 to 24 years (15.4%). Unemployment figures remain constant at 6.2% and

access to further and higher education for 18 years old is a concern. Whilst there is perceived to be a cost benefit from reducing adolescent pregnancy and motherhood this is balanced by statistics that reveal an aging population with the prospect of increasing reliance on the state. If the numbers of 24 years old are decreasing is argued that this will influence birth-rate. It is argued that the strategy to reduce adolescent pregnancy and motherhood has not been exposed to a full interrogation and risk analysis regarding impact on population trends in a region.

The Impact of the Government's Social Exclusion Strategy

Arai (2003) argues adolescent sexuality and reproduction continues to rouse significant interest in British policy, research and media in the 21st century. The continued public focus was spearheaded by the Social Exclusion Unit Report and Action Plan (1999, 2006) with targets set to significantly reduce pregnancy and motherhood statistics amongst adolescents. Arai (2003) expresses suspicion regarding the Government's motives in focussing upon adolescent pregnancy in the 1990's. This suspicion is supported by the statistics, during the 1990's the rates of adolescent births were 30 births per 1,000 adolescent females. However, the statistics during the 1970's demonstrate 50 births per 1,000 adolescent females (Arai 2003). The Government did not focus its concern upon the higher rates of adolescent pregnancy and births in the 1970s.

Overall pregnancy and motherhood rates hide significant regional variation, specifically for those inner city areas of the United Kingdom where there is poverty and deprivation. Evidence reveals that higher rates of adolescent pregnancy and motherhood are found in the poorest regions of the United Kingdom. Griffiths and Kirby (2000) identified a positive correlation between adolescent conception and area deprivation. Due to a range of variables including access to health facilities, sex and relationship education and truancy, female adolescents from the poorest areas of the United Kingdom are more likely to become pregnant than their counterparts in wealthier areas, and they are less likely to use abortion to resolve unplanned pregnancy (Griffiths and Kirby 2000).

Arai (2003) argues that the sexual behaviours of adolescents in poorer communities are misunderstood and this misunderstanding leads to a lack of consensus when considering why adolescent from poorer communities do not access contraception or consider abortion. The explanations for poor access of family planning and prevention services by adolescents in poor communities are complex but focus primarily on two central issues. The first issue is the link between deprivation and adolescent motherhood which underpins low expectations for adolescents. Adolescents in poorer communities have poor expectations of education and the employment and therefore see no reason to avoid motherhood. The second issue focuses upon sexual education and mixed messages from the media and society regarding sexuality. In poorer communities knowledge of sexual health, contraction and services available is limited (Arai 2003).

Sex and relationship education in schools is inadequate and does not equip adolescents with the necessary knowledge to make an informed decision (Department for Education and Skills (DfES) 2003). Government policy has advocated adolescents to "just say no", but what policy fails to recognise is that adolescents need to be enabled to "just say no" and this enablement is based on decisions supported by knowledge and understanding of sex and relationship development (Lawson and Rhode 1993, DOH Social Exclusion Unit Report 1999). The issue of poor sex education is complex, Griffiths and Kirby (2000) argue adolescents are knowledgeable regarding sexual health, use of contraception and services available to them. Sex and relationship education may increase an adolescent's knowledge base but it will not necessarily change an adolescent's behaviour, specifically in poorer communities where pregnancy and motherhood are not necessarily avoided (Griffiths and Kirby 2000). Arai (2003) in a qualitative research study interviewed nine Lead Teenage Pregnancy Co-ordinators representing urban and rural communities and 12 face to face in depth semi structured interviews with mothers who had their first child below the age of eighteen years. Although the study sample was small and not representative a number of significant issues were highlighted. The study respondents revealed evidence

of knowledge and understanding of sexual health and the services available to them; however policy makers find it difficult to accept that women may actually desire to become mothers during their adolescence (Arai 2003).

Early motherhood is a feature of poorer areas of the United Kingdom where expectations are low and dependency upon the state is common across the age spectrum. McIntyre and Cunningham-Burley (1993) identified the difference between working and middle class women's attitudes to motherhood are predominantly about the timing of motherhood. Working class women favour an earlier ideal age for family commencement than middle class women. Arai (2003) revealed that extending life options for adolescent women is not always positive as the adolescent women within the study did not like school, did not perceive themselves to be academically bright and actually wanted to be mothers. The study also revealed that the primary objective of the lead teenage pregnancy co-ordinators was to expand an adolescent's horizons. Arai (2003) is critical of policy makers, educators and practitioners working with adolescents as they are guilty of attempting to translate their own middle class values to the adolescent. Arai (2003) concluded that there is little public resistance to the Government's labelling adolescent pregnancy and motherhood as problematic.

The Socio-Economic Position of the Adolescent Mother

Research undertaken in the United States has contributed insights into the socio-economic position and circumstances of adolescent mothers (Acs and Koball 2003, Mullan Harris 1997, Wisnia 1990). Acs and Koball (2003) argue, historically in the United States, half of adolescent mothers receive state welfare within five years of becoming a parent. The researchers reported childbearing before the age of 18 years in the United States was relatively uncommon; therefore it was difficult to obtain a nationally representative sample of single adolescent mothers large enough to compare behaviours of single adolescent mothers to other groups of single mothers who receive state benefit. The researchers however, concluded that policies to reduce the rates of single adolescent motherhood were desirable to reduce long-term state dependence. Policies should aim to promote the value of a stable relationship

and economic stability prior to consideration of motherhood (Acs and Koball 2003).

Mullan Harris (1997) detailed many misconceptions regarding the best options for black adolescent mothers, including marrying the father of the child was not the best option for the adolescent mother as this typically cut off the mother from education and early job experiences. Education offered adolescent mothers some opportunity to escape dependency on the state but initial state assistance to adolescent mothers in terms of housing and child care provides for positive long term independence and self-sufficiency (Mullan Harris 1997).

A study conducted by Wisnia (1990) examined adolescent expectations of the future with 107 Hispanic and white American adolescent females. Wisnia found that contrary to popular belief and anecdotal evidence; both pregnant and non-pregnant adolescents planned for their future and economic stability and independence. Wisnia (1990) argues that adolescents are able to make decisions but that these decisions are only mature if they reflect popular beliefs and values. Furthermore, there is confusion regarding an adolescent female's decision-making rights regarding future plans, with the confusion based on a notion that an adolescent female is unable to make a mature decision or perhaps the correct decision (Wisnia 1990). Ruddick (1993) suggests that adolescent women's choices can be rational; however this is not always acknowledged (Ruddick 1993).

Influences on the adolescent female to become a Mother

Spry (1994) suggests an adolescent female's relationships with her family influences her decision-making, specifically her own mother's experience of pregnancy. In a study of black adolescent females and their mothers, Spry investigated both socio-cultural and psychological variables as they related to the occurrence of an adolescent pregnancy. Results from the study highlighted that adolescent motherhood was familial which has been reinforced in recent research (Schoon, Martin and Ross 2005). Spry reported that a significant relationship was demonstrated between adolescents becoming pregnant and their level of psychological development. However

the tool utilised to measure psychological development and its reliability was not described. Spry (1994) argues that relationships as well as psychological development influence adolescence experience of pregnancy and motherhood although this is not well understood.

The decision to bear a child reflects a combination of individual need and societal influence. Lawson and Rhode (1993) suggest that adolescents are influenced less by the desire to have a child than by family and peer pressure, motherhood becomes a way to punish parents, to please grandparents or male partners, or to gain status. Many adolescent females are not motivated to have a child but are insufficiently motivated to avoid pregnancy and motherhood (Lawson and Rhode 1993). Chambers (2001) suggests that the economic opportunities sacrificed through early pregnancy do not appear sufficiently great to justify deferring childbirth.

A qualitative study conducted in the United States by Tennyson (1992) identified the perceptions of a group of African American adolescents regarding pregnancy and motherhood. Tennyson interviewed 11 pregnant adolescents and discovered they viewed pregnancy as a mistake and generally had negative views of their experiences. Spry's (1994) qualitative study also explored adolescent sexual and pregnancy decision-making and found that the study participants' risk of pregnancy was increased by curiosity, misuse of contraception, peer pressure and adolescent myths. The findings from both of these studies, although not generalisable are significant in that they highlight the decision-making skills utilised by adolescent regarding pregnancy and motherhood.

Research undertaken in the United States in 1991 by McCue Horwitz et al suggested that previously held notions regarding adolescent pregnancy needed to be re-examined. The negative consequences of adolescent motherhood include completing less schooling; having more children than wanted, and consequently more unwanted children; being underrepresented in management and professional employment; and in the early years, being largely supported by the state. In the study the long-term effects of adolescent

pregnancy and motherhood were investigated in a 20-year follow-up of a cohort of women who were pregnant adolescents in the late 1960s. Of the 149 living young black primiparas in the original cohort 121(81%) were located and interviewed.

At follow-up the study population ranged in age from 32 to 38 years, 68% were unmarried, 71% had finished high school, 82% were completely self-supporting, and 27% reported living in public housing. The researchers found that most former adolescent mothers completed a reasonable amount of education and were economically self-sufficient. The study also indicated at 26 months following delivery adolescent mothers who reported a sense of control over their lives were five to eight times more likely to be long term successes. The authors suggest control or self-efficacy is an important influence in people's lives. The adolescent mothers in the study supported the concept that a sense of control promotes success and does so independently of the negative outcomes of pregnancy including social isolation and low expectations. The mothers' perception of a supportive educational and social environment predicts long-term success. When socio-economic factors are taken into account the impact of maternal age on child outcomes is greatly reduced or no longer significant. The researchers found that long-term outcomes of adolescent pregnancy and subsequent motherhood may not be as negative as the short-term outcomes for both mother and child. Most former adolescent mothers in the study had finished school (70.5%) and were employed (67.8%). The researchers concluded that interventions might modify the relationship between school age motherhood and negative consequences advocating short-term investment by government into programmes for adolescent mothers that could predict long-term achievement (McCue Horwitz et al 1991).

The Impact of Education

It is apparent that in all societies education is viewed as a means of preserving and maintaining a culture, as well as laying the foundation of the future success of individuals. In more recent years the role of education as a primary agent of socialisation has been threatened by the increasing influence

of the media, economic status and peer associations on the lives of young people (Pearce 1993). Opportunities available to adolescent mothers to support themselves and their children are determined by career prospects. Caring for children during early adolescent years may reduce an adolescent mother's investment in completion of formal education in comparison to adolescents who do not have children. In the United Kingdom the estimated completion of formal education is 16 years, childbearing and childrearing may extend this period but it does not exclude adolescent mothers from completion of formal education.

Research has suggested that an adolescent mother's career opportunities and possible means to support her child are reduced not only in the short term but also in the long term if education is not completed (Klepinger, Lunberg and Plotnick, 1995). In 1995, in the United States, Klepinger, Lunberg and Plotnick published findings of a large study of 2,795 women. These women were interviewed annually from the ages of 14 years to 20 years from 1979 to 1991. Methodology included an extensive set of controls including personal, social and economic characteristics of the women. The study revealed that early childbearing lowers the educational attainment of young women but failed to acknowledge the educational attainment of young women prior to pregnancy. Having a child before 20 significantly reduces schooling attained by almost three years among white, black and Hispanic women. The study itself measured only years at school. Qualitative elements, for example levels of achievement were not considered. The research concluded that early childbearing has large negative effects on young women's years of schooling. Researchers recommended that Government policies, which attempt to reduce adolescent pregnancy and childbearing, would also increase the educational attainment of disadvantaged young women and improve their chances for economic self-sufficiency (Klepinger, Lunberg and Plotnick, 1995).

Dawson and Hosie (2005) explored the educational experiences of 93 pregnant adolescents female who were either pregnant or mothers in England to identify the factors that determined returning to or continuing with

education. The researchers found that disengagement with school occurred prior to pregnancy with significant levels of truancy. Disengagement was found to be a key factor in adolescent pregnancy and subsequent motherhood. Researchers recommended that Government policy should focus on keeping adolescents engaged in education or if pregnancy has occurred, getting adolescent mothers re-engaged in education and addressing the problems that caused the disengagement.

The growing concern over the problems that are associated with adolescent pregnancy has led to a significant increase in the number of programmes designed to specifically help or alleviate the problems in both the United Kingdom and the United States. Unfortunately, assessment of the effectiveness of these Programmes has not kept pace with their proliferation (Ruch-Ross, Jones and Musick 1992, Illinois Department of Children and Family Services, USA). Review of the available literature that deals with evaluation of programmes for adolescent mothers has revealed that evaluations are flawed in their methodologies. The principal reason for failure has been identified as a lack of long-term evaluation studies. The adolescent mothers who join programmes are self-selected and therefore self-motivated. They total only a proportion of the adolescent mother population who may be experiencing difficulties. Ruch-Ross, Jones and Musick (1992) reported among the most common evaluation failings are the absence of an adequate comparison group and lack of longitudinal data. Most evaluations have also been restricted by relatively small sample sizes, which decrease both the stability and generalisability of the findings and limit the ability to detect statistical significant differences when a comparison group is used.

Ruch-Ross, Jones and Musick (1992) undertook a study, which involved analysis of 1,004 adolescent mothers who were a part of a two-year programme for adolescent mothers called "The Ounce of Prevention Fund, Parenting Too Soon Project". This project was part of a network of Programmes funded by the Illinois Department of Children and Family Services. The programme was designed to serve young mothers up to age of 20 years two years after the birth of their child. The programme helped to

meet the short-term needs of the mothers such as socio-economic and long-term needs such as self-sufficiency. The programme utilised a data set from the National Longitudinal Survey of Youth conducted by Ohio State University (NLSY). The NLSY is an ongoing study of a national probability sample of 12,686 youth aged between 14 and 21 years, which commenced in 1979, with data collected annually. The programme itself supported mothers through education and training in the skills of childcare, family planning and becoming financial independent. The programme's outcomes revealed that mothers who attended the programme for two years were less likely to have a further unplanned pregnancy, were better supported and able to care for their child. The programme did not include formal compulsory education but mothers who attended were more likely to stay in mainstream education or return to complete their education. The researchers concluded, whilst acknowledging methodology flaws specifically in using a data set, that a programme that supports adolescent mothers does provide positive short and long-term outcomes. This research reflects the recommendation of the study conducted by McCue Horwitz et al (1991) which advocates Government investment to achieve positive outcomes for adolescent mothers.

Discussion

A woman's role is implicitly and explicitly linked to motherhood with its universal attributes that are perceived by society as being consistently central to a woman's life (Arendell 2000). Chodorow (1985) argues motherhood is the thing that defines the female experience, identifying the dynamic of the mother and child bond as a significant reason why women do not avoid motherhood despite its many social disadvantages. However, today women are making choices, including postponing motherhood until careers are established, choosing to work and function as a mother simultaneously and avoiding motherhood completely. Regardless of women's choice it appears that women still feel obliged to present a rational regarding their potential or actual motherhood status (Chodorow 1985, Ruddick 1993).

According to Arendell (2000), motherhood is a condition that women must adapt to in adhering to the rules of a patriarchal society to nurture and ensure

a child's development to uphold society's value and ensure society's continuance. Motherhood as well as a desired role for many women can also be a compensatory role for many women where there is experience of poor social status, poverty, low expectations and limited life choices. When choices are limited then motherhood can be a rational choice to provide a woman with a recognised social status (Oakley 1990). Leonard (1996) argues that motherhood is a significant event in a women's life, when motherhood is not aligned to traditional family values and a heterosexual stable relationship, women devise strategies to overcome the immediate problems confronting them and utilise the available resources to ensure they are adapt to the maternal role and the care of their child (Leonard 1996). For the adolescent mother who has acted outside traditional family structures adaptation may be difficult but with support adaptations to the maternal role is achievable (Ruddick 1993, Arendell 2000)

The unmarried adolescent who becomes pregnant is breaking traditional patriarchal standards that underpin society's value. The single adolescent mother expressed her sexuality outside of marriage and is therefore threatening the dominant traditional values ascribed to the family (Lawson and Rhode 1993). According to current social values the adolescent mother has become pregnant before being prepared for motherhood emotionally, economically and practically. The reasons why the adolescent becomes pregnant are multifaceted, but in a patriarchal system they are identified with irresponsibility (Oakley 1990, Riddick 1993, Arendell 2000).

The social experiences of the adolescent female may make pregnancy a rational choice. Many pregnant adolescents belong to the lower socio-economic groups where the norm is early sexual experience and motherhood, with poor educational, social and economic prospects (Lawson and Rhode 1993, DOH Social Exclusion Unit Report 1999 and Action Plan 2006). With the scant resources available to them adolescents may be investing in their long term value and worth, which comes from motherhood (Ruddick 1993, Arai 2003, Buckley 2006)

Adolescents who become pregnant are acting outside of the rules to which they are expected to conform, and may be rejecting dominant value systems. While they attain negative status by engaging in sexual acts outside of the family structure, they are ascribing to vaginal intercourse and heterosexuality as a method of sexual expression. The adolescent female in becoming pregnant has developed the 'correct' sexual orientation, geared towards heterosexuality and vaginal intercourse, but she has not demonstrated qualities required of motherhood and patriarchy. (McCulloch 2001, Watt 2002, Arai 2003).

Summary

This chapter commenced with a brief summary of difference in maternal and infant morbidity and mortality and perceptions of motherhood globally. The position of women as mothers in western society where traditional family values focus upon the role of the mother to nurture and prepare a child to uphold societal values was explored. The single adolescent female in particular who becomes a mother has acted outside society's traditional family structure and is perceived not to be prepared both economically or psychologically for motherhood.

The literature has provided insight into the position of women, motherhood and in particular adolescent motherhood within a patriarchal society in which child bearing and child rearing is built upon a traditional heterosexual family structure which upholds dominant societal values. Single adolescent mothers have engaged in heterosexual sex and contributed to the continuance of society through childbirth. However they have failed to uphold traditional family values reflecting patriarchy, parenthood and establishment of a stable relationship in which to nurture a child.

Despite Government's labelling of adolescent motherhood as a problem and developing strategies across the United Kingdom to reduce adolescent pregnancy and motherhood, it is argued that both short and long-term investment are essential to ensure adolescent mothers can achieve their aspirations and contribute positively to society and the economy.

Chapter 3, the methodology chapter, presents the rationale for the study, the demography of both the study setting and respondents, the objectives of the study and their modification. The methodological framework will be discussed with strengths and weaknesses highlighted. The use of a conceptual model as a tool to analyse the data will be considered. Flexibility is essential when using a conceptual tool. Therefore other theoretical positions are also considered including reciprocity and social relationships.

Chapter 3 - Methodology

Introduction

There are a number of theoretical approaches that address the position of women in society and the role of the mother in particular (Arendell 2003, Benn 1998, Chadorow 1985, Fildes 1990, Lawson and Rhode 1993, Riddick 1993, Oakley 1985). However the position of the adolescent mother is not explicit within these theoretical approaches. This study was structured within a qualitative research framework which facilitated an in-depth exploration of the experiences and needs of a group of adolescent mothers situated in the North East of England. Straus and Corbin (1990) and Glaser (1998) advocate a grounded theory design when considering the development of theory. This approach enabled the researcher to develop an effective rapport with the adolescent mothers which impacted upon the quality of the data generated. The study was based on an adapted grounded theory approach which provided a framework that facilitated flexibility, change and consideration and refinement of the research objectives. Ethics and consent were essential components in the consideration of the efficacy of the study, primarily, because of the sensitivities surrounding the age of the adolescent mothers and their experiences.

Three methodological approaches supported the study design. The three approaches included: an observation period of three months, focus group and semi-structured interviews. Discussions of the three methodological approaches including their application, strengths and weaknesses are presented within three chapters. Chapter 4 presents reflections on the observation period which spanned a period of three months and enabled the researcher to get to know the respondents and establish an effective rapport. Chapter 5 presents an overview of the focus group methodology. Five focus groups were completed facilitated by the researcher. Each focus group discussion was tape recorded and transcribed. The final methodology approach the semi-structured interviews are presented in chapter 6. Chapter 6 presents a discussion of the common themes emerging from the 14 semi-structured interviews. The individual semi-structured interviewed were tape-

recorded and transcribed. The individual accounts of the respondents' experiences of pregnancy and motherhood are presented in appendix 3

Background to the Study and Study Setting

The study focussed upon the experiences and needs of a group of 36 adolescent mothers. The study setting was a Pupil Referral Unit located within in the North East of England designed specifically to meet the educational requirements of the mothers who were completing compulsory education. Pupil Referral Units were initially introduced in the UK during the early 1990s to offer an educational provision to adolescent mothers who were experiencing difficulties with mainstream educational provision. The concept of the Pupil Referral Unit was adopted in some geographical areas and rejected in others. A small number of Pupil Referral Units have developed across the United Kingdom, most commonly within inner city areas where issues of truancy have been linked to adolescent motherhood. Success, in terms of attendance rates and GCSE completions has been variable within the Units (DfES 2003). The Pupil Referral Unit within this study was perceived by the local community and the local education authority as successful, with almost 100% attendance rates and all mothers achieving at least 4 GCSEs. The capacity of the unit supported approximately 36 adolescent mothers with by their children in 1997 when the study commenced.

Pupil Referral Units continue to exist in 2006 but their focus has widened. The term Social Exclusion reflects the Government report published in 1999, which focussed upon adolescent mothers in the first instance but has now been expanded to include all children and adolescents who were labelled as having issues, which "exclude" them from attending a traditional school environment. Adolescent mothers were the first to be labelled under the social exclusion banner however they are no longer an autonomous group in terms of educational policy (DOH, Social Exclusion Unit Report 1999, DfES 2003, DOH Social Exclusion Unit Action Plan 2006).

The Pupil Referral Unit focussed upon within this study remains functional within its existing brief and still operates to provide an educational service for adolescent mothers where they can also bring their children.

The Demography of the North East of England in 1997

The study was located in the North East of England, specifically in the West End of Newcastle. Newcastle is the capital of the North East of England. The following demographic data provides details of the population profile in 1997.

The North East of England until the late 1980s was synonymous with shipbuilding and the coal industry. Traditional industries in the 1990s disappeared in the North East and were replaced by modern forms of commercialism such as call centres, shopping centres, leisure industries and centres of education (www.newcastle.gov.uk).

In 1997 the population of North East of England was 259,536 thousand with a population in the West End of Newcastle of 22,376. The age profile of the population of the North East of England identified the largest section of the population were the 24 to 75 year olds. The under 16 year olds represented 18.8% of the population. The mean age of the population in the North East of England in 1997 was 37.8 years. The Ethnic profile of the North East of England revealed 93.1% of the population was white. There was some variation in the population statistics for the West End of Newcastle in 1997 with an increased population for under 16 year olds (21.1%) and 7.8% lone parent families (www.newcastle.gov.uk).

1997 North East of England, Population by Age

Under 16 years	18.8%
16-24 years	15.4%
24-75 years	60%
75 years and over	7.6%

(www.newcastle.gov.uk)

1997 Ethnic Profile of the North East of England

White	93.1%
Pakistani	1.9%
Indian	1.2%
Jewish and Chinese	3.8%

(www.newcastle.gov.uk)

1997 Variation of Population Statistics for the West End of Newcastle

Under 16	2294 (21.1%)
16-24	1464 (13.5%)
25-44	2966 (27.3%)
45-64	2145 (19.7%)
65-74	984 (9.1%)
75 and over	1016 (9.4%)

(www.newcastle.gov.uk)

1997 The Household Composition in the West End of Newcastle:

Number of households	4416
Lone parent families	343 (7.8%)
Other households with children	967 (21.9%)

(www.newcastle.gov.uk)

1997 Employment in the North East of England

The average number of people in employment in the North East of England was recorded at 57.9%. This figure was lower than the core cities in England which have a higher rate of 61%. The average rate was also significantly lower than the national average for England, which was 66.9%

(www.newcastle.gov.uk).

Health in the North East of England

In 1997 the UK Government census recorded 11.8% of the inhabitants in the North West of Newcastle described themselves during the past twelve months as “not being healthy” . This figure was higher than the national average of 9.2%. An additional 21.6% of inhabitants said that they had a long term illness. This figure was higher than the national Average of 18.2%.

Smoking in the North East of England

A major health objective for the North East of England continues to be effective interventions to reduce smoking. Statistics demonstrated that in regard to smoking during pregnancy there were and continue to be higher levels of women smoking whilst pregnant in the North East of England compared with any other region in England.

1997 Alcohol in the North East of England

Statistics in 1997 revealed adults in the North East of England are more likely to drink more heavily than adults in England generally. There was a higher prevalence of hazardous or dependent alcohol consumption in the North East than in comparison to the rest of England. There are higher rates of alcohol related death and poor health in the North East among men and women than in comparison to the rest England (Nepho 2006).

1997 Policing and Crime in the North East of England

The area is policed by the Northumbria Police and is the sixth largest police force in England and Wales. Since 1991 crime levels in the force area have fallen by 37% and since this time car theft has also fallen by 85%. Burglary from houses is also on the decrease and is a third lower than in 1973. There have been a number of initiatives and campaigns to combat drunkenness, violence and disorder (www.NorthumbriaPolice.co.uk).

A Profile of the Study Respondents

The capacity of the Pupil Referral Unit was 36 mothers with their children. The respondents were drawn from a 10 miles radius in the West End of Newcastle, the capital of the North East of England. All of the respondents were white

adolescent females from similar working class backgrounds. All were aged between 14 and 16 years old when they joined the Pupil Referral Unit (Appendix 2, Individual profiles for respondents who undertook the semi-structured interview). The majority of the respondents had not planned pregnancy. With the exception of 2 respondents who had taken the contraceptive pill respondents had not taken precautions to avoid pregnancy but did not expect to become pregnant.

A minority of the respondents maintained contact with the biological fathers and a few of the respondents lived within a stable union with the biological father and child. A significant number of the respondents disclosed that the father of the child was older than themselves. Specific examples of underage sexual relationships were evident. A number of the fathers had understood the respondents to be older than they actually were. For some of the biological fathers there was a fear they would be discovered as having sex with a minor and referred too the police. The majority of respondents had lost contact with the biological father

All respondents relied upon their parents for support, and for the majority, maternal support was relied on most. Maternal parents provided accommodation for mother and child, childcare and financial support to their daughters. The respondents also relied on the State for financial support. A small number of the respondents had their own accommodation near to their parents but the majority lived with their parents. Many of the respondents were keen to have their own accommodation for themselves and their child.

All of the respondents had a history of chronic truancy (In the North East of England truancy rates between 1996 and 1998 ranged from 11.4% – 10.3% half days missed (www.dfes.gov.uk)). When pregnancy was confirmed referral to the Pupil Referral Unit was made by the Doctor, social worker or Midwife. For many of the mothers the Pupil Referral Unit represented a return to education. The Pupil Referral Unit had capacity for 36 respondents where compulsory education was offered until the respondents were 18 years old. Respondent studied for GCSEs, the unit teachers supported the respondents

with their studies on an individual basis. Mothers cared for their child whilst attending the Pupil Referral Unit. As well as the provision of education the Pupil Referral Unit offered the respondents a structure to their day. At the Unit they met peers, established friendships and shared experiences. Many of the respondents socialised outside the Unit. The Unit teachers facilitated the social interaction and were evaluated positively by the respondents. Attendance at the Unit was almost 100%. Respondents did not like school holidays as they felt they had nowhere to take their child which reflected their reliance upon the Pupil Referral unit.

Research Design

The study setting, the Pupil Referral Unit and the number of mothers attending the unit (n=36) predisposed a qualitative research design. A grounded theory approach (Strauss and Corbin 1990) was identified which facilitated the development of rich data reflecting the observation and interaction of the adolescent mothers attending the Pupil Referral Unit. The grounded theory methodology was considered useful in studying a group of adolescent mothers as they undertook one aspect of their daily lives, attending the Pupil referral Unit with their child. The environment provided a qualitative research opportunity for observation, participation, interaction and reflection which were the key components of the study's methodological framework (Strauss and Corbin 1990, Holloway and Wheeler 1996, RCN 1997, Jeon 2004).

The initial objectives of the study were identified

The Initial Objectives of the study

1. To explore the experiences of 36 adolescent mothers who were completing their education in a Pupil Referral Unit
2. To document the social and economic experiences of these mothers including the coping strategies they employed
3. To examine their perceptions of the support systems offered in a Pupil Referral Unit for adolescent mothers

Grounded theory is an interpretative research methodology that can be useful in generating research-based knowledge regarding the behavioural patterns that emerge as people interact with each other (Glaser 1998). The theory draws its foundations from symbolic Interactionism (Strauss and Corbin 1990) which is based upon social interaction and an emphasis on the importance of interaction within society. Interaction formed a key element of the study as the 36 adolescent mothers' experiences within the Pupil Referral Unit were based upon their interactions with each other, their child, the family, the father of the child, the Unit's teachers and the State. Observation of their interactions with each other, their child and the teachers gained insight into the mother lives and experiences and the coping strategies they utilised. Grounded theory is based on the belief that as individuals operate within groups common patterns of behaviours emerge (Strauss and Corbin 1990, Glaser 1998). It is an interpretative research methodology that is useful in generating research-based knowledge about group behavioural patterns (Strauss and Corbin 1990, McCallin 2003). Within the Pupil Referral Unit the adolescent mothers were a common group with shared experiences and expectations. As the study developed it became clear through the methodological framework that common behavioural patterns did emerge specifically through the observation period and focus group interviews where themes, lines of enquiry and dimension. The individual semi-structured interviews facilitated a more in depth exploration of the behavioural patterns with the identification of common trends which were apparent in the 14 interviews conducted (chapter 6).

A grounded theory approach within the study was useful as it supported the objectives of the study in discovering the main concerns of the adolescent mothers and how they managed their concerns. The professional expertise and knowledge base of the researcher proved also to be significant in establishing a relationship with each of the mothers. This relationship was established within the observational period and developed further within the focus groups and semi structured interviews. The mothers appeared comfortable in discussing their lives, concerns, anxieties and aspiration for the

future for both themselves and their child with the researcher. One of the strengths of the methodology is that it explains what is happening rather than describing what should be happening (McCallin 2003). This was an important aspect of the study as it was vital that experiences of adolescent motherhood were reported from the mothers' own perspective.

Although the research method of choice for the study, grounded theory does have limitations. The main consideration was to ensure the researcher reported what was observed and heard as accurately as possible without attempting to contextualise or interpret the mothers' responses. Objectivity within the study did prove to be difficult as being with the mothers and their children predisposed to participation and reference to professional and academic knowledge and experience.

The application of a grounded theory methodology captured and explored the experiences and interactions of the respondents, and followed the themes, lines of enquiry and dimensions as they emerged and developed through the observation period, focus groups and semi structured interviews (Chapters 4, 5 and 6).

Ethical Consideration

Prior to the commencement of the study it was critical that ethical issues and their potential impact on the outcome of the study were considered in detail. For the study to progress and be deemed appropriate ethics were of particular importance. Frank (2004) suggests that ethics should be considered not as a substance but as a process of lives and decisions affecting each other over time. No single decision stands alone; it can affect the lives or decisions of others and therefore needs to be considered not from micro but also a macro perspective (Frank 2004). This advice is useful in ethnographic studies where sensitive issues may be uncovered which could impact on the wider community.

Following consideration of ethical literature two main theories were identified for closer consideration. These theories were deemed appropriate to this

study because of their underpinning ethos of causing no harm to others (Walsham 1996, Nouredine 2000, Frank 2004). Deontological or duty of care-based theories places a high value on duty or obligation, such as the duty to tell the truth (Nouredine 2001). The four major principles in deontology include: autonomy or the personal liberty to act, nonmaleficence, which is doing no harm, beneficence, the requirement of action to improve the welfare of others and justice which considers the treatment of people fairly (Walsham 1996, Nouredine 2001). Deontological theories of ethics are based on the view that there are certain sorts of acts that are wrong in themselves and therefore morally unacceptable (Walsham 1996). The advantage of the deontological approach to ethical issues is that in principle, it can provide a set of principles that guide a researcher in considering a research study that will do no harm and could improve the welfare of others (Walsham 1996). Deontological theory can contribute to ethical issues relating, for example to research that focuses on sensitive human issues, however care needs to be taken to avoid ethical issues being limited to particular cultural influences as this may fail to recognise wider dimensions and cause harm to others.

The ethical approach chosen to underpin the study was the deontological approach with its central aims of telling the truth, doing no harm and treating people justly and improving the welfare of others

Consent was also an important consideration in this study. In choosing the ethical framework, which underpinned the study, the central aims of the framework also extended to the issue of consent. Consent is above all a legal concept however there is a general recognition of the importance of consent within research for both the researcher and the subject of research (Annotation 2003). Consent in healthcare and medicine is not only related to legal issues but also risk management (National Cancer Institute 2006). Within research the risk of harm to others is reduced if consent is achieved by the study respondents (Tigges 2003). Within this research study the ages of the mothers ranged from 14 to 18 years, therefore for those mothers under the age of 16 years as well as seeking consent from the mothers themselves parental consent was also essential. The mothers took their children with

them to the unit and therefore access to the unit was carefully considered by the local education authority and head teacher to protect not only the mothers but also their children.

There are two recognised forms of consent active and passive (Tigges 2003). Active consent requires the completion of a signed consent form by all respondents including parents of the mothers less than 16 years of age. Passive consent requires a response from respondents only if they did not wish to participate in the research study. For this study active consent was the method of choice to ensure all respondents and parents understood the objectives and methodological approaches to the study as well as the assurance of confidentiality and anonymity for the respondents and their families (Tigges 2003). The central notion underpinning consent is that the respondents have the study explained to them in detail so that they made an informed decision as to whether they agree to take part in the study or withdraw (Houghton et al 1997). In the explanation of the study respondents must also be aware that at any point in the study they were able to withdraw (Houghton et al 1997). In making an informed decision the respondents should not be exposed to any form of coercion ensuring the deontological principle of beneficence is upheld (Walsham 1996, Houghton et al 1997, Nouredine 2001). Without exception all respondents and parents (where appropriate) consented to take part in the study, their decision based on informed choice. During the course of the study no respondent chose to withdraw from the study however, a number of the respondents did only take part in aspects of the study; this was due to the transient nature of the unit's population.

In October 1996 the research proposal was presented to and considered by the local education authority and the Pupil Referral Unit. Following discussion regarding the ethics of the study, approval for the study was granted with a condition that the Unit's head teacher was appointed as an advisor and facilitator to the study, ensuring that ethical issues remained a constant consideration throughout the study. Access to the unit was negotiated with local education authority and head teacher. The adolescent mothers attending

the unit at the commencement of the study as well as being informed of the study were made aware of the researcher's academic and professional background. Written consent to participate in the study was retained in all the mothers' files by the head teacher of the Unit.

Sample

At the time of the study there were 36 mothers attending the Unit. For the purpose of the study and anonymity, the mothers are addressed as respondents. The children of the respondents were not part of the study but they did accompany them. The children's presence was acknowledged both by the supervision team and the local education authority. Dates of the stages of the study and number's of the respondents, including the allocation of fictitious names are identified in Appendix 1. The research methods used, specifically the observation period and focus group interviews, did not facilitate gathering data regarding a full profile of each of the respondents; however this was possible with the individual semi-structured interviews. Appendix 2 provides a profile of the 14 respondents who took part in the semi-structured interviews. Only those respondents who contributed verbally have been identified and allocated respondent numbers. Within the observation period very little data was collected from the respondents as the primary focus was upon participant observation of the respondents within their school environment, the Pupil Referral Unit.

From the information provided in appendices 1 and 2 it is clear that some respondents took part in all aspects of the study whilst the majority only in only one or two aspects. This reflects the transient nature of the Unit where respondents of different ages, are leaving and joining throughout the course of the school year. Although a logical sequence to individual mothers' experiences could not be demonstrated within the data the themes and lines of enquiry that emerged from the data were supported by a variety of rich experiences, which added rigour and validity to the study.

Methodology

The study comprised three methodological approaches:

Methodological Approaches	Date
The Observation Period 1 day per week for a 3 month period observing the respondents in the Pupil Referral Unit setting. A Reflective Diary was maintained to document researcher reflections on observations	1997
Focus Group Interviews 5 focus groups	1997
Semi-Structured Interviews 14 individual semi-structured interviews	1999
<i>Note: The research methodologies were completed over a 2 year period, between 1997 and 1999. Completion of the study was then delayed until 2007. The reason for the delay in completion was the long term enduring health problems of the researcher which resulted in a need to suspend the study. Formal approval was granted by Northumbria University for suspension.</i>	

The environment in which the study took place proved difficult in considering the utilisation of a pilot study to test the methodological approaches. Because of the transient nature of the respondents it was difficult to predict that the study population of a pilot would reflect the actual population in the study. It is also worthy of note that collection of data proved difficult because the respondents had their children with them constantly and this was the major drawback in transcribing, a pilot would not rectify this situation. The lack of a pilot study was an anticipated weakness within the methodological approach but on reflection the observation period did counterbalance this weakness as it provided an opportunity to develop an understanding of the respondents. During the observation period the respondents got to know, trust and importantly respect the researcher's integrity and objectivity and consequently they appeared comfortable with the research methodologies. Despite the lack of a pilot study the methodological approaches generated rich data.

Observation Period

Discussion took place with the Unit's head teacher who suggested it would be appropriate to spend a period of time to get to know the respondents who were very suspicious of strangers. Commencing in January 1997, over a three month period one day per week was spent in the Unit. During this time a reflective diary was kept observing the respondents in the setting of the Pupil Referral Unit. Observations revealed insights into their engagement in the education process, their interaction with each other and their mothering skills. The respondents apparently talked quite openly about their lives, how they coped with being single parents, the position of the biological fathers in their lives and the support they received from their parents, the Unit and the State. This was a useful experience that revealed the complexities of adolescent motherhood. Combined with the literature, the observation period provided the themes for the development of the next stage of the research, the focus groups.

The reflective diary proved to be a valuable tool, which was continued throughout the duration of the study (extracts from the diary are presented in chapters 4, 5 and 6). It provided a useful reference point to understanding the data as the diary provided the contextual background to the methodological approaches. This was strength of the study as on reflection it was often difficult, for example, to comprehend why a respondent was not communicative at a particular time. Reference to the diary often revealed the mood of the respondent or children at that time which provided an explanation for the quality of the data collected.

Themes Identified for the Focus Group Interviews

Once the respondents accepted the researcher's presence they talked about their lives and their relationships. The communication skills of the researcher were a key factor in establishing an effective rapport with the respondents. When trust was established the respondents appeared comfortable regarding sharing their experiences. As a midwife the researcher was able to contextualise and clarify many of the experiences.

The observation period and literature review had provided a critical insight which facilitated the development of themes for further exploration within the focus group interviews

Table 1
Themes Emerging from the Observation Period and Literature

1. The Educational Experiences of the Mothers
a. Educational provision prior to pregnancy
b. Attendance at school, attendance at the Pupil Referral Unit.
c. Educational aspirations
d. Career plans for the future
2. The Social and Economic Experiences of the Mothers
a. Stages of pregnancy and Motherhood
b. Social status of the adolescent mothers
c. Economic status of the adolescent mothers
d. Childcare facilities available
e. Friendships and social lives.
f. The position of the biological father
g. Relationships with family.
h. Relationships outside of the Unit.
i. Present and future relationship with men
3. The Support Systems offered in the Pupil Referral Unit
a. Support offered by the unit teachers
b. Peer support
c. Support offered by the Unit in adapting to the role of mother
4. Feeling Related to Motherhood
a. Becoming a mother during adolescence

- | |
|---|
| b. Aspirations for the child |
| c. Quality of life for mother and child |
| d. Stigmatisation |
| e. Decision making and motherhood |

Focus Group Interviews

The next stage of the study involved the focus group interviews. The focus group literature provided a guide in developing the format of the focus group for the study (Chapter 5). There are numerous potential uses of focus groups but for this study the primary use was to develop lines of enquiry from the themes generated from the literature and observation period (Krueger and King 1997, Kreuger 1997). The three-month period spent working in the Unit facilitated the observation of the groupings of the respondents, which assisted in consideration of the formation of the focus groups. For the respondents within this study group dynamics were well established. However undertaking focus group with already established groups can be a weakness, as the individual group members may not necessarily deviate from a group consensus (Stewart and Shamdasani 1990, Krueger 1997).

Five dates for the focus group interviews were agreed with the head teacher over a period of two months (October – November 1997). The focus group interviews were completed on agreed dates with the head teacher building the timings of the focus groups into the established unit timetable. The focus group interviews were conducted in the mornings. Mornings were felt most appropriate for the interviews as after lunch the respondents were tired and the children fractious. The five focus group interviews lasted between 55 minutes and 1hour 30 minutes. With the written and verbal consent of the respondents and where appropriate their parents, the focus groups were tape-recorded. The decision for the respondents to stay in their school environment with their children proved problematic when transcribing the tapes. The noises from the children and the other respondents made transcribing very difficult. When the tapes were played back it was on

occasion difficult to hear the respondent voices because the children's crying specifically was prominent even though during the interview this was not this case. Microphones were repositioned to address this issue with some success. Even with the noises from the children in the Unit with care listening and adjustment of the sound successful transcripts were achieved.

Focus Groups Findings

The themes generated from the observation period and literature provided a useful prompt for facilitating group discussion and generated rich data. An adapted data analysis technique was developed guided by the methodology advocated by Strauss and Corbin (1990). The analysis process began by a transcription of the tape-recorded focus group interviews. Initial interrogation of the data involved a content analysis of each of the focus group interviews. The data from each focus group interviews was initially categorised under the 4 main themes headings that had been used as prompts within the focus group interviews. The data was further categorised and refined on the basis of the recurring responses identified. The data was again organised under the themes (Strauss and Corbin 1990). At this point because of the volume and richness of the data and the range and variety of responses a number of themes were subdivided and expanded to facilitate further refinement in the discussion of the findings. Discussion of the final themes and the findings contained within each is included within chapter 5.

In summary the findings of the focus groups interviews provided significant insight into the experiences of the respondents. Following completion and analysis of the focus groups data the themes were further refined with identification of lines of enquiry which have contributed to the structure of the semi-structure interviews.

Table 2
Refined Themes and Emerging Lines of Enquiry

Theme
The meaning of motherhood to an adolescent
Line of Enquiry
Shock and fear
Reduction in freedom and choices
Age, maturity, loss of independence
Having a social life with feelings of guilt
The caretaker role
Labelling and Stereotypes

Theme
Relationships
Line of Enquiry
Relationships with parents
Relationships with friends

Theme
Stigmatisation
Line of Enquiry
Being part of a stigmatised group
Perceptions that motherhood ruins adolescent females lives

Theme
Fatherhood and relationships with men
Line of Enquiry
Mixed reactions
Negative status
Having a child was the mother's problem
The paternal role
The provider
The supporter
Maternal grandparents reactions to the father
Relationships with other men
Marriage

Theme
Support
Line of Enquiry
Support from the family
Support from the state
Support from the Pupil Referral Unit
Support from peers

Theme
Education
Line of Enquiry
Truancy and dislike of school
Pressure to attend school
Attendance at the Pupil Referral Unit
Availability of childcare facilities
Educational achievement and career aspirations

The original objectives of the study were re examined following analysis of the data that emerged from the focus group interviews: It became clear that the original objectives remained relevant but lacked a clear focus. They were modified to reflect the data emerging from the study thus far and to focus the progression of the study.

Modified Objectives
1. To explore the realities of adolescent motherhood drawn from the experiences of a group of 36 respondents attending a Pupil Referral Unit.
2. To identify the views of the respondents regarding the status of men in their lives.
3. To investigate the forms of support required by the respondents.
4. To discuss the respondents perceptions of stigmatisation.
5. To examine the value the respondents attached to education.

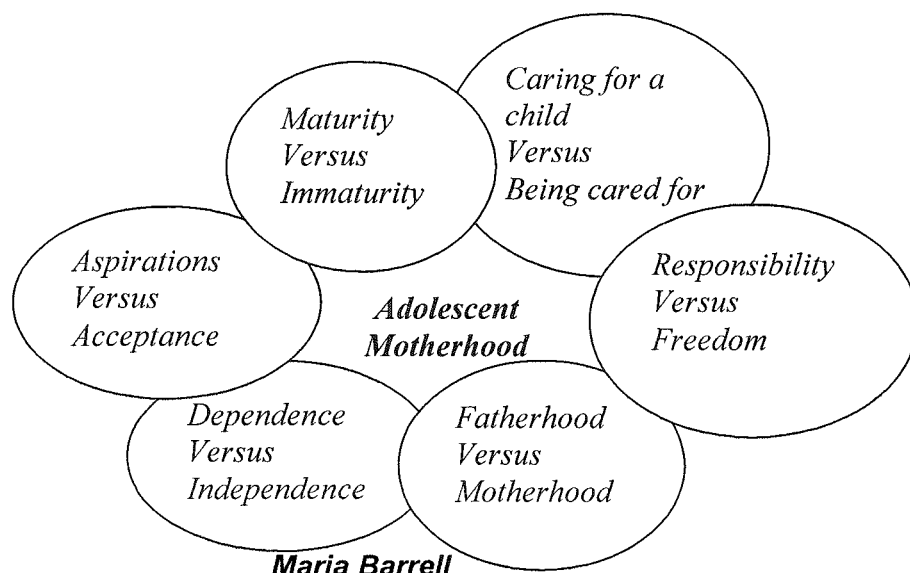
Semi-Structured Interviews

It became clear from the observation period and focus group analysis that adolescent motherhood comprises distinct themes with emerging lines of enquiry. In preparation for the next stage of the study the themes and lines of enquiry were further explored with a view to developing the prompts for the semi structured interviews. On further exploration of the data to ensure the validity of the themes and lines of enquiry it became apparent that the rich data had an additional set of dimensions that had being missed in the themes and lines of enquiry. The data also revealed the complexities of the respondents' experiences. Whilst the themes and lines of enquiry remained important the opposing and overlapping dimensions could not be ignored. A simple model was therefore developed in an attempt to demonstrate this complexity.

Dimensions of Adolescent Motherhood

- Maturity versus Immaturity
- Caring For A Child versus Being Cared For
- Responsibility versus Freedom
- Fatherhood versus Motherhood
- Dependence versus Independence
- Aspirations versus Acceptance

Model 1
The Overlapping Dimensions of Adolescent Motherhood



Prior to commencement of the semi-structured interviews the literature was further examined. The exploration of the literature is supported by Strauss and Corbin (1990) who suggest as the research question becomes more focused it may well be appropriate to revisit the literature. Existing theory can be useful to clarify understanding or meaning and can in itself become a source of data in developing a grounded theory as long as it does not detract from the primary data (Strauss and Corbin 1990). Examination of existing theory combined with the rich data collected in the observation period and focus group interviews assisted in the development of the semi-structured interview methodology.

The study had revealed themes, lines of enquiry and opposing dimensions in relation to adolescent motherhood. The experiences of the mothers demonstrated that for them motherhood comprises a range of conflicting issues. The mothers implied that motherhood has brought with it a degree of maturity whilst the literature suggests they are not mature enough to have a child during adolescence (Lawson and Rhode 1993). They had developed the care-taking skills of caring for a child but the data revealed that they themselves had care needs, from the family, the state and educational provision. Motherhood has brought greater dependence on the state and the family but the respondents expressed a desire to be independent. Independence for most of the respondents meant independence from the family when the child was older. They also talked of marriage and long-term heterosexual relationships as a means of providing security for themselves and their child, which supports patriarchal values identified in the literature (Arendell 2000). The data suggested that the father's role was variable and involved limited visits to see the child, which suggested the maternal role was the dominant role and the mother was the main caregiver. The respondents recognised their responsibilities to care for the child but they still craved independence. Maturity for the respondents brought responsibility. They had aspirations for the future but had resigned themselves to the reality of the present.

Discussion of Findings

For the duration of the study, the number of respondents attending the Pupil Referral Unit was 36. Respondents joined and left the unit as compulsory education was completed. The unit did not function on a cohort basis as each mother progressed at an individual pace supported by the unit teachers. The three-month observation period provided an opportunity for the researcher to establish communication and trust with the respondents (chapter 4). The maintenance of a reflective diary proved a useful tool to reflect on the respondents' activities and communications whilst attending the Pupil Referral Unit. The diary also added a contextual dimension to the data, including reflecting on the environment, the respondents' moods and the behaviour of the children.

The focus group data highlights the respondents' accounts of their experiences as a group (Chapter 5). All respondents were included in the focus groups which were held in the Pupil Referral Unit, facilitated by the researcher and tape recorded with the respondent permission. Transcribing proved difficult as the children remained with the respondents. The noise from the children crying impacted on the sound quality of the tape recording. However all data was captured and transcribed. The Pupil Referral comprised 2 large teaching rooms with the grouping of respondents distributed between the rooms. The focus group interview groups reflected the existing groupings. The interview took place in whichever room the group was located. A weakness of this approach was the potential contamination of data. With the lack of separate accommodation to complete the focus groups there was potential for other respondents to overhear to the focus group discussion.

In consideration of this potential weakness the benefits of the focus groups were also considered. If the respondents were able to move to another location to ensure the focus group discussion was not overheard this would not guarantee respondents would reveal the content of the discussion with their colleagues. The respondents would not move to another location for the focus group interview without their child and this would cause disruption and perhaps impact on enthusiasm to contribute to a focus group. The

respondents felt comfortable in their familiar location with their peers and this may well have supported participation. The noise from the children made it difficult for the group discussion to be overheard.

The final methodological approach, the semi-structured interviews provided an opportunity for the respondents to describe their individual experiences of motherhood. Whilst each respondent's experience was an individual account (presented in Appendix 3), shared experiences emerged from the data, which supported and expanded upon the lines of enquiry, categories and dimensions previously identified within the observation period and focus group interviews (chapter 6). Each interview was tape recorded and transcribed and the data analysed following the grounded theory technique advocate by Strauss and Corbin (1990) and Glaser (1998). Following completion of 14 semi-structured interviews and analysis of the data similarities in experience and response emerged. Emergence of similar evidence within methodological approach is acknowledged by Glaser (1998) as data saturation. Glaser (1998) argues that within qualitative methodologies there is no requirement to justify a quantitative approach to data analysis and validity when similarities in response become evident. When data saturation became evident in the study (interview 14), the semi-structured interviews were concluded.

A Critical Reflection on the Methodological Process, Strengths and Limitations

This is a qualitative study where it is acknowledged generalisability is limited. The nature of the transient population of the Unit and the absence of a pilot study add to the limitations of the study and its credibility. The capacity of the Pupil Referral Unit was 36 respondents. However the 36 respondents did not comprise a cohort. Respondents joined the Unit at different times and stages of pregnancy and motherhood. They were also at different stages in educational development therefore each respondent, supported by the unit teachers followed an individual education programme. Respondents could attend the Unit at any point during adolescence up until 18 years, therefore ages varied. Respondent also left the Unit when compulsory education was completed. It is argued the transience of the respondent population also

added validity to the data and methodological approaches. A minority of respondents engaged in all 3 methodological approaches. However the themes, lines of enquiry and dimensions demonstrated consistency of response. The respondents all demonstrated a similar socio-economic profile. It is argued that consistency was maintained with a compatible group of respondents.

The position of the researcher as an academic and midwife underpinned the development of effective communications with the respondents. The respondents demonstrated trust and a respect for the researcher and sought advice regarding aspects of motherhood. The relationship between the researcher and respondents could also be argued a weakness of the study as the researcher demonstrated subjectivity. The Unit teacher also asked the researcher to offer advice if they had concerns regarding a respondent.

The research methodologies ensured that themes, lines of enquiry and dimensions were developed following continuous interrogation and revisiting of the data. Ethical issues along with issues of consent and confidentiality were addressed with the added safeguard of the head teacher acting as advisor and facilitator and setting the study boundaries, which resulted in the efficacy of study at no stage being compromised.

The study's objectives were modified to become to more focussed and reflect the issues emerging from the data. The data revealed the experiences and needs of the 36 respondents. What became clear following the completion of the semi-structured interview analysis is that the themes, lines of enquiry and dimension were underpinned by an emotional reaction. The mothers demonstrated a range of emotions responses following the confirmation of pregnancy and final adaptation to motherhood. Emotional responses included denial, anger, isolation and acceptance.

The emotional responses demonstrated by the adolescent mothers were not specific to motherhood. Similar responses are evidences in reactions to life crisis. Kubler-Ross (1970) model of death and dying proved a useful tool in

identifying five stages patients can pass through when preparing for death. Evidence of the stages or phases were apparent in the respondents' reaction to pregnancy and motherhood in this study. However acceptance, the final stage in Kubler-Ross's model was not the final phase in this model, the respondents also had to adapt motherhood. A conceptual model can be a useful tool in which to structure and analyse data and form a basis for further theory development. It is argued that this qualitative study provides significant insights into the experiences and needs of a group of adolescent mothers. However further research is needed to consider the development of a substantive theory of adolescent motherhood.

A number of theoretical approaches focus upon motherhood with little specific reference to adolescent motherhood. A substantial evident base need to be developed in order to consider if adolescent motherhood demonstrates difference to mainstream motherhood. A conceptual model can begin this process. When utilising a conceptual model caution is urged to ensure flexibility. Other theoretical approaches were considered that could impact on the experiences of adolescent mothers, these approaches include Reciprocity, Coping Strategy and Social Relations Analysis (Stemmler and Petersen 1999, Ross et al 2005). Relationships between parents and siblings can impact on life outcome and experiences.

Chapter 7 considers the application of a conceptual model in the analysis of the rich data that has emerged from the study. The respondents' experiences and emotional reactions are considered within six phases. There is no clearly defined pattern in emotional reaction to motherhood. However there are clear emotional reactions demonstrated by the respondents at different stages throughout pregnancy and motherhood. The final phase of the model is adaptation to motherhood. Adaptation in itself is transient and changes with child development and the experiences of the adolescent mother.

The conclusion draws together the strengths and weakness of the study. Findings are discussed and their significance considered. Recommendations are made in terms of Government policy development and future research.

Chapter 4 presents reflections on the observation period. During the course of this study a reflective diary was maintained. The diary has provided a vehicle in which to reflect on the respondents' reactions to situations and their interactions with each other. The observation period has proven an invaluable aspect of the research methodology as it has provided a means in which to contextualise the study environment.

Chapter 4 - Reflections

Overview of the three Methodological Approaches

(Observation period, Focus Group and Semi-Structured Interviews)

Chapters 4, 5, and 6 present the data from the three methodological approaches; the Observation Period, the Focus Group Interviews and the Semi-Structured Interviews. The transient nature of respondents at the Pupil Referral Unit demonstrated that only a minority of the 36 respondents participated in all 3 of the methodological approaches. The impact of the instability in continuity of respondents on the quality of data was unpredictable. With a transient study population it was not clear if the respondents' experiences would vary so much it would be difficult to identify distinct categories, themes and lines of enquiry throughout the three methodological approaches. To counterbalance this weakness of the study, a minimum achievable expectation was set. Each individual methodological approach could provide a data base for an independent analysis. This minimum expectation would not provide robust data that could be substantiated but responses would be captured in each methodological approach. In the observation period the reflective diary captured observations of the respondents. Both the focus group and semi-structured interviews were tape recorded and transcribed.

The anticipated impact of the transience of the study population was not in fact realised. It is argued that similarities in the respondents' profile (Chapter 3, Appendix 2) resulted in similarity in the experiences shared by the respondents. The similarities in respondents' experiences and needs could have been more accurately predicted when considering the profile of the respondents; however this would have been a risk. Nonetheless the three methodological chapters present the findings for each methodology approach. The themes, lines of enquiry and dimensions are progressively developed throughout the chapters reflecting the methodological approaches. The strength of the data presentation is the quality and richness of the data. The weakness of the data presentation is the potential for repetition of experience.

Introduction

A reflective diary was maintained during the course of the study, detailing the researcher's interpretation of interactions between respondents, respondents and their children and respondents and the Unit teachers within the Pupil Referral Unit. The diary was useful in capturing the moods and reactions of the respondents. The observations described within this chapter contextualise the study setting and describe the respondents' moods and emotions.

Setting the Scene

The observation period was felt to be appropriate by the head teacher of the Unit to facilitate the development of a relationship between the respondents and the researcher. One day per week was spent in the Unit. It was agreed with the head teacher that Tuesday was the most appropriate day as on this day the respondents did art and creative crafts, which resulted in a more relaxed informal environment. A reflective diary was maintained throughout the study documenting reflections on the respondents' environment during the observation period of 3 months, the focus group and the semi-structured interviews. The observation period spanned three months between January and March 1997 and involved the researcher spending one day per week in the Unit.

A total of 36 respondents and their children attended the Unit and on most days all respondents and children were present. All 36 of the respondents were included in the study. The study population remained constant with 36 respondents. However this constant number did not comprise a cohort. Respondents were different ages and joined and left the Unit at different times. If the study size were less than the Unit capacity it would have proven difficult to separate the respondents from non-respondents. The physical environment was small and compact. It consisted of two connecting rooms which enabled the Unit teachers to observe the respondents. In each room the respondents organised themselves into groups of 6 or 7. Around the perimeter of the rooms

were cots for the babies and play areas. Toys were strewn all over the floors and the children had access to all areas. The respondents worked at tables and the 2 teachers moved from one respondent to another offering advice and support on subject areas being individually studied. There was also a small kitchen area where respondents could prepare food for children and hot drinks for themselves. Near to the exit to the Unit there was a small room where the respondents were able to have a cigarette.

The strength of the study was the qualitative approach which facilitated the researcher's acceptance by the respondents. Once accepted the researcher developed an effective rapport with the respondents. The researcher observed Unit activity and interactions without question or hindrance. The respondents engaged the researcher in conversation and on occasion sought advice regarding childcare. The acceptance of the researcher by the respondents was underpinned by the researcher's professional status and knowledge base as a midwife.

Reflections and Extracts from the Diary

This chapter describes the Pupil Referral Unit environment and reflects on the observations witnessed over the three months period. Extracts from the reflective diary are presented and further explored. The relationships observed between the respondents, the respondents and their children, the respondents and the teachers and the respondents and the researcher are described.

"It was agreed that I could move freely between the two rooms and observe the respondents. I was conscious that the respondents were engaged in an educational process with targets to achieve. All respondents were studying for their GCSEs and therefore I was not there to distract them. The reality was the respondents interacted with each other and their children continuously over the course of the day and there were no restrictions placed on this interaction. Inevitably I became part of that continuous interaction. The respondents could work and talk at the same time and this social interaction did not appear to cause any disruption to their work. The respondents did not stop for breaks apart from cigarettes and lunch; they made drinks and ate snacks as they wished. The Unit does not have separate dining facilities so all activities take place within the two

rooms. The two teachers spend their day working with the respondents individually and moving between the two rooms. The atmosphere felt relaxed and informal with respondents, teachers and children appearing relaxed. I also adapted quite easily to the environment”.

“The unit is not like a traditional mainstream school; it was clear that the respondents engaged in much more than an educational process. Most of the respondents had their babies with them and cared for them exclusively over the course of the day. One of the biggest challenges I had to grow accustomed to was the noise. The noise from the children and the respondents was ever present. This did not affect the respondents or the teachers but it took me a while to adjust and eventually normalise the noise within the environment”.

Traditional teaching methods were not applied because the respondents themselves were different ages (between 14 and 18 years) and therefore at varying stages of educational development. All of the respondents were studying for GCSEs in which a range of subjects was provided. The respondents worked at their own pace with continuous support from the teachers. The teachers worked with the respondents individually which facilitated the respondents stopping to feed and play with their children, chat together and have a cigarette. They talked openly about their homes, social lives and their economic status. They shared their supplies of nappies, creams and food for the babies and even shared their cigarettes.

“My role during this three months period is as a non-participant observer. It was difficult to determine the nature of this role within the context of this informal unstructured environment”.

Ann Oakley (1979) in her work on Motherhood highlighted the tensions relating to the role of observer. Oakley identified the difficulty of resisting interaction with respondents in such an emotive area as motherhood.

“The issue for myself as both a researcher and professional midwife was the cause of continuing reflection, but in recognising this difficulty and considering I realised it was impossible to observe the respondents objectively and not get involved. Interaction was inevitable with this group of respondents; to be present was to be involved and to be involved was to be accepted. Involvement spanned a number of areas, including:

1. Physical – assisting with the care of the children. The assistance ranged from holding babies whilst respondents went for a cigarette to helping to feed and change nappies.
2. Giving advice about motherhood, parenting, contraception and relationships
3. Listening to respondents as they discussed their concerns and anxieties

Each week spent in the Unit resulted in deeper levels of interaction with the respondents and their children. The respondents expected me to be there and trust developed”.

“Day one of the 3-month observation period was a nerve-racking experience for myself as a researcher. In the past, as a midwife in practice I had felt competent in my professional skill and experience to care for adolescent mothers and establish a trusting relationship with them. Part of this competence was embedded in my recognised position as a midwife, which afforded my legitimate access to the care of women. The women I cared for as a midwife accepted unreservedly my role in providing a service to themselves and their child therefore I had purpose. As a novice researcher I felt vulnerable and nervous and unsure how to establish a relationship with the respondents. Ethical issues regarding the study has been considered and the respondents had given consent to their participation to the study but this did not offer any consolation to me, as the role of the researcher was not something the respondents readily identified with. The Pupil Referral Unit was the respondents’ territory where they felt safe and secure with their children, the teachers and each other. I was the outsider. I was keenly aware the impression I made on day one was significant to the continuance of the study and the richness of the data I would collect”.

“The head teacher briefly introduced me to the 17 respondents who were attending the Unit that day. She introduced me as a researcher and a midwife who was undertaking a study and spending one day a week for 3 months getting to know the respondents and the Unit. My introduction caused me some anxiety, would the mothers ask my advice as a midwife? Would they be cautious of me as a researcher? My anxiety was unfounded and within one hour of my arrival I had met all of the respondents and their babies and they talked openly and freely. The reason the respondents on the surface accepted me was that I did not present as a threat. The fact that I could offer the respondents nothing that would explicitly impact on their lives had a positive effect on the relationship I was to establish with the respondents. I felt their behaviour was not compromised by my presence. I learned from conversations with the teachers, the respondents were wary of those they deemed as being authority figures, especially if the respondents perceived an impact on their lives either positive or negative”.

Smoking

The smoking room was the busiest room of all. With the exception of one, all of the respondents smoked (35). Age did not impact on smoking. They visited the smoking room on a regular basis throughout the day. They cared for each other's children and took turns in going for a cigarette. The teachers did not comment on this practice which over the three month observation period was a routine for the majority of the respondents.

Smoking was a habit for the respondents which also afforded an opportunity to have a break from the child and be out of view of the teachers. The smoking room was small with no windows. The smoke was dense and there were few chairs but this did not deter the respondents. The respondents were aware that smoking freely would not be allowed in mainstream school. The Unit was different and they felt they were treated differently, specifically the ability to smoke.

A rota system was in operation for smoking where they took turns in caring for each other's children to allow a break for a cigarette.

"I quickly assumed the role of caring for babies whilst the respondents went for a smoke. This made me feel uncomfortable as I felt I was accepting their smoking behaviours whilst being conscious of the health implications. I reminded myself I was an observer but I felt I could not refuse when a mother handed me her child to care for whilst she went for a smoke. As a midwife I felt competent and confident in handling and caring for the children but I knew this was impinging on my need to observe and attempts to remain objective".

The respondents never commented about the health risks associated with smoking or the cost of cigarettes.

"On one occasion I witnessed an incident, which I felt was ironical, and brought the issue of age, health and motherhood into focus. One of the respondents asked me to hold her baby whilst she went for a cigarette. She had been away for about one minute when she came back into the classroom red faced with a woman behind her who was visiting the Unit. She hurriedly took the baby from me and continued to work. After the woman had left I learned this was the

respondent's own mother who had come to donate a pram to the Unit. I asked the mother why she had returned abruptly from her cigarette break and she told me it was because her mother did not know she smoked and there would be hell to pay if she found out. The irony for me was the acceptance of pregnancy and the responsibility of motherhood for an adolescent but the unacceptability of smoking. I was not clear if the disapproval of smoking was related to age or health. Although not explicitly stated by the respondents, the opportunities to smoke freely, socialise, care for their children and determine their individual pace of work contributed to the excellent attendance rates at the unit".

Attendance at the Pupil Referral Unit was 100%. For the respondents the creation of an atmosphere which was not like traditional school was positive. Being able to smoke freely at the Unit when this may not have been the case in the home or traditional school was attractive to the respondents. If smoking was banned within then, it is argued there would be an impact on attendance when the habit was an established routine for the respondents.

Relationships with Children

"By the third observation week I had met all of the respondents and their children. It seemed the unit was becoming increasingly busy and the noise was unyielding especially when all 36 respondents and children were present. By week three I was able to divide the respondents into groups. There was one group who were particularly keen to talk to me, another who did not directly converse with me but were happy to recall their experiences with other respondents in my presence. A third group of respondents, the younger age group, were very quiet and appeared not to communicate with each other, although they openly demonstrated intimate relationships with their babies".

"The relationships the respondents had with their children were interesting to observe. All of the respondents appeared to be competent in caring for their children. Children were all dressed well; on occasion it was almost a competition to see which children were dressed "the best". The age of the children ranged from 6 weeks up to 4 years of age. This age range resulted in a group of respondents with varying degrees of experience, which in the main they were happy to share. There was almost no condition or child reaction in which one of the respondents could not offer advice. Interestingly the advice was often not accepted health care practice; advice in the main based on folklore and experience. Regardless the respondents had built up a bank of knowledge and experience, which was freely shared. I had little doubt in terms of the physical care of their children; within the confines of the Pupil Referral Unit the respondents were competent".

"I was particularly interested in observing the respondents playing with their children. In general unless a respondent had a hangover or a problem, they enjoyed play. One reason for this may have been to have a break from studies but it was clear from my observation that the respondents had patience and

could enjoy long periods of time just playing with their children. Some of the older children played with each other but in the main stages of the children's development required constant stimulation and attention from the mother. The Unit had a wide range of toys available for the respondents to use. I reflected on the reason for the respondents enjoying playing with their children and considered the age of the respondents. The respondents were themselves between 14 and 18 years old and they appeared on the surface to be healthy and full of energy. The respondents' energy was utilised to play with the child".

Relationships with the Family

Most of the respondents lived with their parents and were dependent for support, therefore did not have the prime responsibility of employment or paying bills. However a significant number of the respondents did take responsibility in their parents' home for care of the home and siblings. The maternal grandparents were, after the initial shock of discovering their daughters were pregnant, supportive. For many of the respondents termination of pregnancy was not an option because the pregnancy was so far advanced when diagnosis was made. For the majority of the respondents in the study, the grandparents accepted the mother and child as an extension of the nuclear family; however the adolescent mother had to contribute to the household in exchange for this support.

The maternal grandparents' ages ranged from 29 to 40 years, many of them being in full time employment. In reality this meant that maternal grandparents were not available to care for a child whilst the adolescent mother returned to traditional school. The Pupil Referral Unit offered the opportunity for the respondents to take their children to school with them. It also became clear the role and responsibilities of the respondents in the home environment changed. As well as caring for the child they also assumed the care of siblings and the maternal grandparents' home. This did create a strain on the respondents, responsible for the general housekeeping; shopping and cooking as well as ensuring the siblings were cared for. In reality not only were a significant number of the respondents coping with caring for a child they were also coping with the support of the household when the maternal grandparents went to work.

"There was little doubt in my conversations with the respondents; there was a price for gaining support from their parents. In terms of the respondents' adaptation to parenthood, as well as childcare they were assuming responsibilities for care of the household. In essence they were becoming the maternal figure within the home acting as substitute to the mother who was in employment. They were also becoming the surrogate mother to siblings, and this had impacted upon family relationships".

For many of the respondents, relationships changed within the family in terms of roles and responsibilities. The respondents lost their role as daughter and undertook a role of carer. This change did have an impact on the respondents as they felt they were caring for the family whereas prior to pregnancy they had been "cared for" as a sibling. Whilst attending the Unit, the mother's exclusive responsibility was caring for themselves and their child. This situation was positive for respondents in terms of developing their role as mother and building a relationship with their child and relieving them from the pressures of running the household in a substitute role for their parents. In the Unit the respondents constantly stimulated their children and appeared to derive a great deal of pleasure and satisfaction from this. The respondents could focus on their maternal role and mother child relationship exclusively in the Unit and fit their educational activities around the needs of the child. Anecdotal evidence from the teachers and respondents themselves suggested that the children's development could be enhanced in terms of walking, talking and interacting.

Relationships with Men

"As an observer conversations between the respondents were interesting to listen to as well as focussed mainly on their relationships with men. I listened to the respondents talk about sex, caring for their children and relationships. I offered no opinion on their behaviours or advice on relationships. Men played an important role in the respondents' lives; they talked about the role of boyfriends and sex frequently and shared experiences openly".

"Respondent 3, came into the Unit on one occasion with a black eye, the other respondents asked her about this but the teachers passed no comment. She told me her boyfriend who was 15 years old had done it because he was angry with her. She chose to talk to me frankly about his violent behaviour and the situation she found herself in. He was not the biological father of her 2-month-old child. She was anxious as she suspected she was pregnant again and he was the father. She asked me about the effectiveness of the "morning after pill" which

she had received from her doctor. To this direct question I offered advice about the morning after pill and its effectiveness. She did not want another child. Her boyfriend as well as being violent toward her had also has sex with her best friend. She told me explicitly about the situation. She was not happy with her boyfriend, she had asked him if he had slept with her friend and he said yes. She also asked him if he had "come" inside her and his reply was "yes, four times". Her best friend who did not attend the unit also suspected she was pregnant so they were going for a pregnancy test together. Respondent 3 was keen not to split up with her boyfriend although she did not want another child. She did not criticise his violent behaviour but seemed accepting of this as part of their relationship. There was no question of her continued loyalty to her best friend; together they would face the possibility of them both being pregnant. I learned the following week that the pregnancy test for both of them had been negative. She remained with the father and continued her relationship with her best friend".

"It became obvious to me after a few weeks observation that within the Unit many of the respondents, particularly the younger respondents were happy to talk to me about intimate aspects of their lives. One example was recounted by respondent 4. She told me she was taken to casualty eight weeks earlier with abdominal pain. On examination the doctor told her she was in labour. Four hours later she gave birth to a baby boy. She said her parents were surprised but had stuck by her".

Respondent 4's experience was not uncommon. Six weeks after having the baby she had joined the Unit and was attending regularly with her child.

"Respondent 6 spoke to me about her new boyfriend. She had known him for approximately three weeks and she told me he had already asked her to be the father of her child. She had lost all contact with the baby's biological father, therefore in establishing a new relationship it was important to her that the development of relationship would depend on acceptance of the child and her judgement of suitability to fulfil the role of father. If respondent 6 felt that her new perspective partner was suitable then she would allow him to become a father figure to her child. Other respondents who were friendly with respondent 6 and overheard her conversation with myself took the opportunity to offer advice. Their advice centred upon the age of the new partner. He was 21 years old and they saw this as a problem. Because she was only 15 years old they advised her to ensure her social worker did not find out his age because there would be trouble".

"From conversations with the respondents it became clear that many of biological fathers were older than the respondents, some by a few years others quite significantly older. With older men there were problems in terms of sex with a female below the age of 16, which is classified as sex with a minor and therefore

a criminal offence. Many of the respondents had not disclosed the identity of the father and therefore to my knowledge none of the fathers had faced criminal proceedings”.

“One respondent told me the biological father of her child was a taxi driver, married and already had children. Respondents also commented that biological fathers had denied paternity. It became apparent that there were many reasons why respondents no longer had contact with biological fathers and therefore contact between the biological father and the child was also denied. Finance also played a significant part in the position of the biological father, the respondents wanted the father to provide financial support and without it their status was not acknowledged”.

In the 1990s there was recognition that young fathers also need assistance to successfully become responsible adults. Lane and Clay (2000) argue that up until the 1980s the needs of young fathers went largely unnoticed by the Government and Department of Health. Since 2000 an increasing number of studies have focussed upon the role of father in adolescent pregnancy. Focus has been placed on programmes that prepare fathers for role. However there is little evaluation of the outcome of these programmes (Lane and Clay 2000). Recognition of the needs of young fathers needs in adolescent parenthood has taken a secondary position. The mother and child have been the primary focus of public attention and debate. In a research review of the role of fathers in adolescent pregnancy Bunting and McAuley (2004) argue that men who father children of adolescent pregnancy tend to be older than the adolescent mothers and a minority significantly older. The majority of these fathers have a similar background to the adolescent mother. The fathers have higher degrees of psychological difficulties. This is linked to the likelihood of the relationship not being maintained and the father having limited or no access to the child.

The majority of respondent within this study have relied upon their parents for support. When the biological father had remained with the mother and child, support was still relied upon from the maternal parents. It was also clear within this study that a significant number of the biological fathers were older than the respondents. The age of the biological father did not impact upon the

maintenance of an enduring relationship with mother and child. Evidence within this study revealed regardless of the age of the biological father, the majority did not play an active paternal role.

Relationships with Peers

"Prior to the observation period my thoughts had focussed on the group of respondents as mothers, I had overlooked the respondents as adolescent females moving through the stages of development and the age continuum. I realised during the observation period some of the respondents were very popular and commanded a great deal of attention from the other respondents. The popular respondents were from the older group. They were very loud and used offensive language between themselves and directed at the younger respondents and teachers without retaliation. There was clear evidence of bullying between the popular respondents and the quieter respondents. The younger respondents seemed eager to please and offered to care for children whilst the older respondents went for frequent cigarette breaks. Younger respondents freely gave their cigarettes to the older respondents. Some of respondents were openly critical if they did not approve of the way a mother was caring for a child. With obvious bullying of younger respondents and use of offensive language the teachers did not intervene. It appeared the teachers concentrated exclusively on their role as educators and social interaction with the respondents; they ignored the social interaction between the respondents".

The role of the Unit teachers appeared to be limited to an education focus. They concentrated on the independent support of the respondents with their studies. The teachers did not interfere with discussion between respondents. They did not openly comment on the actions of the respondents including care of the child, smoking or disagreements between respondents. If respondents engaged the teachers in discussion they responded positively but demonstrated an objective, non-judgemental approach. Discussions with the 2 teachers revealed that they did not feel prepared to discuss social problems. Their role was as teachers, they offered educational support and this had proven to be effective within the Unit. The respondents respected the teachers and enjoyed the freedoms the Unit provided them. The Unit teachers felt the Unit provided a positive experience and a recognition that their primary focus on educational resulted in respondents feeling more comfortable. The respondents were positive regarding the role of the Unit teachers. The Unit teachers during the course of the study often requested the researcher to offer health and social care advice to the respondents.

The close proximity of the respondents and the age mix created tensions on occasions.

"At the Unit the respondents naturally divided themselves into two distinct groups. One group comprised the 16 to 18-year-olds who were in the minority in

respect of numbers. They classed themselves as the seniors. The second group comprised 14 to 16 years old; they were the majority group in terms of numbers. They were the quieter group. The differences between the groups were explicit. One of the older respondents said of the younger group:

“Those stupid bastards have ruined their lives by getting pregnant”

This comment was perhaps based on the personal experiences of members of the older group and perhaps an expression of regret for becoming a mother during adolescence. The older group were judgmental towards the younger respondents and distanced themselves from them. There may have been a variety of reasons for this, the obvious being age difference. In mainstream education this would not be an issue where pupils are segregated into different groups determined by age”.

Financial Dependence

Entitlement to State benefit was determined by the age of the respondents. For the younger respondents, those under the age of 16 years they did not qualify for State benefit. The State determined that adolescents under 16 years were classed as children by the State. Their own parents were in receipt of child support for them. This resulted in the respondents below 16 years of age being dependent on their own parents for financial assistance both for themselves and their child. The respondents over 16 years of age did receive State benefit and income support. This afforded the over 16 years respondents a degree of independence. However, the majority of the older respondents, like their younger peers, could not afford to live alone with their child. They remained in the parental home often with siblings in overcrowded conditions. Those few respondents who had their own accommodation were supported by their family or they had a boyfriend who either lived with them or provided support.

“The respondents reacted angrily to financial issues and their status as adolescents. Without exception they believed having a child was expensive. The age of the mother made no difference in terms of finance required to care for a child. The respondents were aware of the stereotypical images that had been propagated by the media and Government, which implied they were “scroungers off the State” and got pregnant so they could have their own home and be financially supported by the Government. They firmly believed that this was not the case and that motherhood was a struggle financially, not only to the respondents themselves but also to their families, which was not helped by the stereotypical image presented of their situation”.

The Pupil Referral Unit as a means of Support

Attendance at the unit was 100%. Unlike traditional school pupils the respondents did not look forward to school holidays. They complained to the teachers that they had nothing to do during holiday periods, nowhere to take their children and nowhere to socialise with their peers.

"I examined most of the respondents' previous school histories with the head teacher and without exception for all of the respondents truancy was a problem".

The Department of Education and Skills publish statistics for levels of authorised and unauthorised absence from maintained secondary schools (including middle schools deemed secondary) in each Local Education Authority area. In the North East of England truancy rates between 1996 and 1998 ranged from 11.4% – 10.3% half days missed (www.dfes.gov.uk)

"When I talked to the respondents about school and attendance they stated they preferred the Pupil Referral Unit as they liked the atmosphere and were treated as adults. They did not like traditional school and its rules and regulations. The majority of the respondents had dropped out of mainstream education before they became pregnant. Once pregnancy was confirmed educational welfare officers, midwives or general practitioners referred the respondents to the Unit. One positive outcome of this referral was the respondents re-entered the education system. Another reason, which appeared to underpin the excellent attendance at the Pupil Referral Unit, was that the majority of the respondents lived with their parents. Coming to the Unit afforded them the opportunity to care exclusively for their child in an environment they shared with their peers".

The concept of traditional education was something the respondents did not like. They had all dropped out of the traditional school system. They did not like the formality of school, the regimentation, the rules and the restrictions. They liked the informal atmosphere of the Pupil Referral Unit and being considered as matures by the teachers in the Unit.

"Respondents told me they did not like large groups and traditional teaching methodologies".

The data revealed the respondents did not drop out of traditional education because of pregnancy. The majority of the respondents had a history of chronic

truancy spanning a number of years. Pregnancy was not the cause of truancy for the respondents. However pregnancy was responsible for the respondents in this study returning to complete mainstream education. However the Pupil Referral Unit provided a different type of environment which reflected the respondents' needs.

"This did lead me to reflect on the adolescents who decide that traditional education is not meeting their needs. There are issues in terms of the detection, support and the alternative education that is offered to these adolescents. It is clear that truancy is a problem in the North East of England. For those truanting female adolescents who become pregnant, via referral to the Pupil Referral Unit they are given a route back into an educational process, which reflects their needs. However, there are adolescent male and females who have no route to an alternative form of education and it may be they are falling through the net. If significant numbers of adolescents are choosing not to attend traditional school then there are issues with literacy, numeracy and educational achievement. There are also issues, which may contribute to unwanted pregnancy, for example sex and relationship education, which is now a recognised part of the curriculum".

The requirement for compulsory education applies to adolescents up until the age of 16 years. The older respondents, over 16 years therefore were attending the Unit in a voluntary capacity. A reason for their continued attendance was to gain educational qualification and catch up in the subject areas they had missed through truancy in mainstream education and pregnancy. What became apparent during the observation period is that they continued to attend the Unit because they had nothing else to do. They did see the need for education but further education was out of their reach because they could not afford child care fees to allow them to attend college. Many further education colleges did offer crèche facilities but the respondents could not afford to pay and received no financial benefits from the State to continue their education.

"On my second visit to the Unit I met two respondents who were visiting with their children. Both respondents were 21 years of age and had been past pupils at the Unit. They told me they visited often to talk to the teachers because they had nothing else to do with their time. They had left the Unit officially at 18 years of age but continued to have strong links to maintain a social network. Neither of the two respondents worked and they had not attended college. They did have

their own council flats and were in stable relationships with partners who were not the biological fathers of their children”.

“The teachers at the Unit ensured all respondents worked toward completion of their GCSEs. Subjects offered by the Unit included Maths, Childcare, English, Geography and History. On average a mother undertook 4 GCSEs. The head teacher informed said the majority of the respondents were successful and the mean grade achieved was “C”.

The atmosphere within the Unit changed and became more like traditional school when GCSE examinations were scheduled. The teachers appeared very anxious during the examinations period. The teachers encouraged the respondents to undertake last minute revision. The whole Unit was tense during this period with respondents being short tempered with their babies and the babies becoming fractious. When an examination was in progress the teachers advised that the respondents who were taking examination to arrange childcare and come to the Unit on their own. For the majority of the respondents this was not possible.

“To allow the respondents to go into the examinations on one particular occasion I stayed with the children and the two teachers acted as invigilators. One of the two rooms was identified for examinations. The younger group of respondents who were not taking part in the examinations were restricted to one room to continue their studies and care for their children. The younger respondents were respectful of their peers and attempted to be quiet and keep the children amused”.

When the examination period was completed in traditional school pupils would reduce attendance at school. At the Pupil Referral Unit the respondents did not leave, they continued to attend each day. The Unit provided a welcoming atmosphere where they could take their children and socialise with other respondents. The Unit was a central focus for many of the respondents’ lives, where they socialised and cared for their children with peers who were accepting and in similar positions.

Media Attention and Stigmatisation

Adolescent motherhood and teenage pregnancy have heralded social and political commentaries from both the Government and the media (DOH Social

Exclusion Unit Report 1999, Action Plan 2006). In general the situation is seen as a problem in society, a drain on resources, something that has to be reduced and not encouraged. Within this political context, to develop a Pupil Referral Unit for adolescent respondents can not only isolate the respondents but also identify them with the consequence that they became a focus for media and public attention. The local education authority and teachers within the school were aware of the potential attention the Unit would attract. On two occasions during the observation period men were spotted watching the Unit with binoculars. On both occasions the police were called. The rationale for the Unit being watched was not entirely clear, it could have been representatives from the media, it could have been fathers trying to catch glimpses of their child or there was some speculation that it could have been more sinister.

The Unit did prove very popular with the media especially when the Government were constantly alerting public attention to the perceived problem of teenage pregnancy and its impact on society (DOH Social Exclusion Unit Report 1999). During the observation period the local radio station and a woman's popular magazine interviewed the head teacher. The BBC were planning to film a documentary on teenage pregnancy also approached the Unit. The Unit would feature within the documentary with individual respondents being interviewed and observed with their children.

"The planned BBC documentary caused a great deal of excitement for the respondents, with all of the respondents with the exception of one (whose father would not allow her or her child to be filmed) willing to be interviewed at home and in the Unit. The reaction from the respondents in general was interesting. They were excited about the prospect of being on television but did not discuss the reasons why or the possibility they would become a focus for public criticism and Government reinforcement of teenage pregnancy being a problem to society. Perhaps their responses were related to immaturity, but on the other hand, the respondents were acutely aware of the stigma that was attached to the label of teenage pregnancy".

"One of the respondents in particular, Respondent 1, was to be the main focus of the documentary. Her life with her child would be centre stage and the documentary would follow the routine of her daily life, which would include her

school day within the Unit. Respondent 1 was delighted to accept the media attention. The BBC contacted her by telephone at the Unit and when she returned from the phone call she was very excited. She enthusiastically told the other respondents of her role and added that if the documentary crew wanted she would happily show them,

“My belly and stretch marks”.

“The BBC spent a full day at the Unit, interviewing teachers and respondents and filming them in this environment with their children. The BBC came to the Unit on the day when I was there in my role as observer. The respondents played their role very well, showing no sign of embarrassment. They all dressed their children up for the occasion and they themselves have taken care with their appearance. Interestingly the respondents were happy to act as usual; the producer wanted to create a “fly on the wall” environment. The only area of their daily routine the respondents did not want filming was when they went to have a cigarette. I presumed the respondents’ reaction to be filmed when they were having a cigarette might have been related to parents not knowing they smoked. Little educational work was done during the filming but the respondents chatted openly to each other. From observation I did not feel they played to the camera but they were keen that they would appear on television. There was little doubt from observing events the respondents enjoyed themselves”.

When the documentary was shown on television within a few weeks the respondents surprisingly did not discuss it in any detail, including respondent 1. They had enjoyed the experience at the time but the impact of the documentary been shown was little. I watched the documentary and felt that respondent 1’s life with her child was shown in detail but the message to the television audience was life as an adolescent mother was hard and undesirable. Little emphasis was placed on how these young women fulfilled their roles as mothers and continued their education. Emphasis was placed on the difficulties facing adolescent mothers and their children and the need for the Government to act to reduce rates of teenage pregnancies.

The End of the Observation Phase of the Study

“The observation period has finished and I have realised over the three months period I had grown accustomed to the environment and had developed relationships with the respondents, their children and the teachers within the Unit. I had adapted to the environment and the respondents had accepted my presence. I have reflected on how the period spent becoming accepted by the group would impact on the next stage of the study, the focus groups. It did occur

to me that the bond between the respondents and myself would influence my objectivity for the next phase of the study. Observation and reflections on the environment had become a meaningful part of the study so I decided to continue with the reflective diary and record observation of the respondents during the interviews. Interestingly the respondents also knew my visits to the Unit in the capacity of observer did mark a change in my role. On my last day in the unit the respondents had bought me chocolates and a card”.

The observation phase of the study proved to be invaluable in providing a context to the study environment and gaining insight into the respondents’ feelings, experiences and interactions with their peers, children and the Unit teachers. Relationships between the respondents were observed. It was clear from the observation period the Pupil Referral Unit provided a structure for the respondents’ day. They enjoyed the Unit because they were treated as adults. They cared for their children as well as followed an individual course of study. They also develop friendships and established support mechanisms.

Access to this environment and acceptance by the respondents has added rigour to the study. Maintaining the diary has also proven to be useful and will be continued through the methodological approaches.

Chapter 5 commences with an overview of focus Group methodology with identification of its potential strengths and limitations. Extract from the Reflective Diary will add context to the setting of the focus groups within the Pupil Referral Unit environment. The focus group data will be analysed with discussion of the key themes and dimensions emerging from the data.

Chapter 5 - Focus Group Findings

Introduction

Within this chapter the findings from the focus group interviews are presented. The chapter begins with an introduction to focus group methodology highlighting the strengths and weaknesses of this approach. Extracts from the reflective diary will create a texture to the environment in which the focus group took place. The analysed focus group data is presented as categories and themes. The findings are discussed with a key summary of strength and limitations of the methodology.

The Use of Focus Groups

Focus groups were felt to be an appropriate methodological tool to prompt the respondents to articulate their experiences and gain insight into the realities of motherhood for 36 respondents. Consensus on issues through group discussion could elicit general trends that were common to respondents and identify shared experiences. The focus group literature provided a guide in developing the form and purpose of the focus group (Morgan and Kreugar 1998, Puchta and Potter 1999).

The use of focus groups, especially within the social sciences, as a research methodology, has increased in popularity, but it is not new (Puchta and Potter 1999). The early use of focus groups were primitive in terms of their use of group interaction, involving members of mass-media studio audiences using choice of “buzzers” to express a feeling on a topic (Stewart and Shamdasani 1990, McLafferty 2004). Focus group methodology has increased in popularity with the development of numerous potential uses. Focus groups can be a useful tool in the early stages of research to develop lines of enquiry. The method can also be used to investigate complex behaviours and motivations (Morgan and Kruegar 1998, Barbour 2005). As a research method focus groups acknowledge the views expressed by participants. Advocates of focus group as a research methodology argue that they can be used to generate theory and are in a research study that utilises a

combination of methods (Kruegar 1997, Kruegar and King 1997, Morgan 1993, Webb 2002, McLafferty 2004).

The communication processes, involved in the focus group interviews gives priority to the participants' own language, concepts and frameworks (Morgan 1993, 1997, Webb 2002). Morgan (1993,1997) argues forms of communication that emerge within the groups may say more about what people know or understand than conventional research methods. One of the most distinctive features of the methodology is that it is a "focused" group, a collective activity. Kruegar (1997) describes this as group discussions, which are semi-structured with open questions by a facilitator around a topic or area of experience. One of the limitations of focus group methodology is that participants may readily talk about a wide range of personal issues. There is a tendency to over disclose in focus group discussion which can present ethical dilemmas for the researcher and lead to problems of confidentiality by the group participants (Morgan 1993, 1997, Webb 2002).

Within this study the use of focus group methodology was consider as the next stage following the observation period. The observation period had gained insight into the lives of the respondents. An effective rapport was developed between researcher and respondents. During the observation period respondents appeared comfortable to share their experiences with or in the presence of the researcher. The achievement of effective communication between researcher and respondents could be further developed within a focus group methodology. The Pupil Referral Unit as the venue for the focus group interviews would add to the respondents' comfort through familiarity with their surroundings.

The themes prepared for the focus group discussion were informed by the data generated from the observation period and the literature. The themes provided a loose structure for the focus group interviews. Caution was exerted to avoid the themes dominating or restricting contributions made by respondents to the discussion. The role of the researcher within the focus group methodology is as a facilitator or moderator as opposed to an interviewer (Morgan 1993, 1997, Webb 2002). Kreuger (1997) argued the

facilitator should have an in depth understanding of the study objectives and be sensitive to the needs of the study participants. The facilitator should be the individual who will get the most useful data from the participants in a focus group. Familiarity of working with groups for the facilitator is an asset in focus group methodology. If the facilitator is not matched to the participants, it can be a major threat to the validity of the focus group technique (Kreuger 1997, Stewart and Shamdasani 1990, McLafferty 2004, Barbour 2005,). The three months observation period proved valuable in facilitating the researcher knowledge and understanding of the needs and sensitivities of the respondents. The researcher commanded an understanding of the study's objectives. The relationship between researcher and respondents proved to be the main determinant in the choice of methodological approach. A potential weakness of the established rapport between researcher and respondents was the potential for subjectivity and coercion within the focus group discussions.

The use of group dynamics with focus group methodology allows for the examination of participants knowledge and experiences as well as the effectiveness of interaction between participants (McLafferty 2004, Barbour 2005,). This may also represent a weakness as the researcher interpreting the data can overlook the impact of group dynamics on the quality of group interaction and discussion (Kruegar 1997 McLafferty 2004, Barbour 2005). The use of a reflective diary throughout this study had facilitated the observation of respondents' interaction and group dynamics. Puchta and Potter, 1999 and Webb, 2002 advocate the homogenous group for effective focus group interviews. Stewart and Shamdasani (1990) indicate homogeneity and compatibility have implications for effective group performance and consequently the quality and richness of both data collection and interpretation. Group interaction is perceived as a strength of the focus group method specifically when comparing it with other methods such as questionnaires or individual interviews (Puchta and Potter 1999, Webb 2002, Barbour 2005). A weakness of the establishment of a homogenous group is the group dynamic can hinder group members from deviating from the group consensus for fear of disapproval by group members or repercussions (Webb

2002). During the observation period it became clear that some respondents could dominate interactions and create limited response from other respondents who felt threatened or feared potential repercussion of deviation from the dominant view.

One final factor, which may be perceived as a limitation within the focus group methodology is the issue of disclosure. It is acknowledged that participants for fear of judgement or retribution may not disclose sensitive individual issues; therefore only issues of general consensus may be articulated (Webb 2002). During the observation period the respondents disclosed a range of experiences in peer discussions and discussion with teachers and the researcher. A potential weakness of the focus group interview is that the respondents would not wish to disclose sensitive experiences in a larger group session.

Following consideration of the strengths and weaknesses of the focus group literature and reflections on experiences gained within the observation period, this methodology was chosen as being appropriate for the next stage of the study. Five Focus Groups took place between October and November 1997 within the Pupil Referral Unit environment during the respondents school hours. This reduced the necessity to impact on the respondents' time outside the Unit and the potential problems that may occur including transport arrangements and home commitments. Mornings were agreed as the best time for the focus group interviews to take place. At this time the respondents were perceived by the teachers to be at there brightest and the children less fractious.

The number of participants required for a focus group varies between authors on the topic. Kreuger suggests a "moderately sized group" of 6 - 12 participants should be used. The length of the focus group interview also should be determined as part of the preparation process. The literature suggests a focus group discussion should last on average between 1 - 2 hours (Kreuger 1997, Stewart and Shamdasani 1990, McLafferty 2004). In considering the formation of the focus groups it was agreed with the head

teacher that the groups should centre on the established groupings of the respondents with their children within the Unit. The 36 respondents tended to sit in groups of 6 to 7 which were centred on friendships, shared experiences, educational level and age similarities. Each focus group lasted between 50 minutes and 2 hours reflecting the time the average time advocated. All focus groups were tape recorded and transcribed. The decision for the respondents to stay in their established environment with their children proved problematic when transcribing the tape recordings. The noises from the children and the other respondents made listening to the tape recording difficult but not impossible.

Reflections on the Focus Group Interviews utilising Extracts from the Reflective Diary

Focus Group1 (27 October 1997)

"I was very apprehensive about the first focus group and how it would go. I arrived at the Unit to find the respondents all in good humour. I spoke to the head teacher who selected the group for the first session. As we had discussed already established groups were selected. A group of five respondents were eager to be the first to participate. I introduced myself to the group and explained the study to them. I gave them an information sheet, which they all read. They were all happy to participate, especially as it meant they did not have to do any work for up to 2 hours. A total of five respondents participated in the first focus group, Respondents 2, 7, 12, 14 and 15. Because they were willing participants I felt relaxed. I introduced each of the themes and with little prompting they spoke openly and honestly. Respondent 12 never spoke at all just nodded and listened to the others. Respondents 7 and 14 did do most of the talking. Respondent 7 was the only respondent in the five who lived with her boyfriend, whilst Respondent 14 was the only respondent who was in care. The other three respondents (2, 12 and 15) were all living with their parents. The discussion was very interesting especially when they spoke about getting pregnant, men, support they give to each other and their educational experiences. One problem was the noise from the other respondents and their children; this will make tape recording very difficult. The discussion had to stop half way through for respondent 14 to change her baby. The five seemed to lose concentration after one hour when they then wanted a break for a cigarette. On reflection one thing that became obvious to me was the value of the time I had spent in the Unit getting to know the respondents, they accepted me very well".

Focus Group 2 (28 October 1997)

"The Unit was very busy today. I arrived at 10.a.m for the focus group. The head teacher asked me to choose one of the groups and left me to get on

myself. I choose the group I had approached previously; they did not seem very enthusiastic but agreed to take part. It struck me that this group was happy to observe the previous focus group but they were not too happy to actually take part themselves. Although they did speak the discussion lasted about 55 minutes it was hard work to get the respondents to talk. The babies were very noisy. I was worried about the quality of the tape recording; there is so much background noise in the Unit. I had thought about asking if the focus group interviews could be held perhaps in a separate area, but I decided against this because the respondents want their babies with them. There were four respondents today (Respondents 3, 16, 17 and 18). Two of the respondents (Respondents 3 and 16) were very talkative but the others contributed only when asked direct questions.

One of the emerging themes, which have dominated the discussions, was the respondents' lack of friends. The only friends they have are their friends at the Unit. They have all said that they lost their friends when they become pregnant. Two of the respondents had boyfriends who may or may not be the father of the child (Respondent 16 and 17). All of the respondents during the interview commented that they do not have any or very little social lives. None of them regretted getting pregnant but without exception they all expressed anger at the thought of their own child becoming a parent at 15 or 16 years of age. Without exception all of the respondents are dependent on their own parents, even the two respondents who live alone (Respondents 16 and 18). Of the 2 respondents (3 and 17) living with their parents they have brothers and sisters and live in overcrowded conditions. On the whole parents of the respondents seem to accept the pregnancy and baby and appear to support their daughters. Financial support is dependent on the age of the respondent.

Comments from all the respondents were very positive about the Pupil Referral Unit. All of the respondents attend the Unit daily whereas when they attended school prior to pregnancy their attendance was poor. The reasons for full attendance at the Unit is that they have friends who are also mothers and they offer each other support, often these are the only friends the respondents have. The school allows them to take their children and the children are being socialised with other children. The teachers are very supportive. The respondents can work at their own pace and stop for a cigarette when they want to. The respondents find the Unit gives them a structure to their day; they do not like school holidays because they are bored.

All of the respondents had vague notions of career ambitions but most did not even consider plans they had for the future. In relation to their children the future seemed a long way away, the only thing they were adamant about not wanting their children to get pregnant as teenagers.

The respondents commented that they had lost their teenage years and felt they have matured with the responsibility of becoming mothers. In general the respondents did not regret becoming pregnant. Only respondent 17 said she had plans to marry, the rest said they wanted to be alone with their child.

With the exception of respondent 17, the others expressed very negative comments about men.

Today I felt that although valuable information was gained it was hard work to get the respondents to talk. The moods of the respondents change so quickly and they get bored easily”.

Focus Group 3 (3 November 1997)

“I arrived at the Unit at 09.45 Hrs. I spoke briefly to the head teacher who advised me just to go and select my group. This causes me some concern, although I know the respondents I think it would be appropriate in some way for the head teacher to be with me in the group selection. Today was the third focus group. I identified a group of 5 respondents, 9,11,19,20 and 21. Four are respondents with babies from 3 months to 17 months (respondents 11, 19, 20 and 21). Respondent 9 is due to have her baby in three weeks time. Respondent 20 is 17 years old and the eldest; the other 4 respondents are all 15 years old. They agreed to take part in the interview but needed to have a cigarette first so I waited. As time moved on passed 10 a.m. more and more respondents came in and the school becomes noisier and noisier. I am concerned about the noise as it is difficult to make out the voices on the tape.

The five respondents were talkative, but respondent 20 in particular spoke most of the time and the other four respondents more or less agreed with what respondent 20 had to say. A great deal of emphasis today was put on financial benefits; the respondents felt there was inequality between under and over 16 years. Respondent 9 was very talkative on this issue, she felt that being a mother should be enough to qualify for benefits and age should not determine the amount. The respondents below 16 years of age could only afford to buy the basics for the child and depended heavily on their own parents for their own needs. Dependence on family was an issue for all the respondents. Another issue the respondents discussed today was they felt strongly there was still a stigma attached to being young and a mother.

The discussion went well but I felt they became bored after 1 hour and wanted to go for a cigarette”.

Focus Group 4 (4 November 1997)

“Today was the fourth focus group. The Unit was again quiet when I arrived initially. I approached 4 respondents, 5, 22, 23 and 24. They seemed disinterested but agreed to be part of the focus group. It is very strange because I really felt they did not want to talk but also they did not refuse. Again it was a strain to get them to talk. Two of the respondents were pregnant (respondent 5 and 22) and had not been in the school very long. One in particular (respondent 22) did not like school and did not like the Unit. She was 17 and 7 months pregnant. The two with babies had recently delivered (respondents 23 and 24); both babies were 5 weeks old. They were pleased to be back at school. When I asked about aspirations for the future it was only the two respondents (23 and 24) with babies that had plans for the future. All four were living with parents and were happy with this. Only one mother had contact with the baby’s father (respondent 24) the other 3 had

none. None of the respondents had boyfriends and they did not want men in their lives. The respondents who were pregnant (respondents 5 and 22) felt they were still shocked to find themselves in this position, one respondent who was 3 months pregnant said she was frightened (respondent 5).

All of the respondents felt there was a stigma about being young with a baby. The respondents' ages ranged from 14 to 17 (respondent 5 was 14, pregnant and frightened). The two respondents with babies were both 15. They said the most stigmatisation they receive is from bus drivers when they try and use their bus pass when they have their babies with them. One mother (respondent 23) said she now pays full fare to avoid embarrassment, the other said; the bus driver told her she was disgusting (respondent 24). Their social lives are affected when they have their baby, and they feel they have matured. Today was fine but I felt they were restrained in what they said".

Focus Group 5 (1 November 1997)

"Today is the final focus group. I arrived at the Unit to find respondents and babies quiet. One mother (respondent 11) had delivered yesterday, a little girl 6lbs 4ozs. Everyone was very pleased. I was amazed at the respondents' reactions to their friend when the head teacher told them the news. They cried and cheered; they wanted to know if she was all right and if it was not too painful for her. I had not realised just how close these respondents were and how they cared for each other, it is very touching.

I interviewed three respondents today; 10, 25 and 26, all are pregnant, respondent 10 is 11 weeks, respondent 25 is 15 weeks and respondent 26 is 16 weeks gestation. All respondents are 15 years of age and have been coming to the Unit for between 2-6 weeks. All three respondents said they were shocked when they found they were pregnant but have got used to it now. Respondent 10's boyfriend is 20 and she says he is standing by her. Respondent 25's boyfriend is 15 years old and lives in the same street. Respondent 26 did not speak of a boyfriend or the father of the child. The three respondents said their parents are being supportive, but they do not feel as if their lives have changed yet. Respondent 10 told me she was due to have an abortion last Thursday but changed her mind; she now wanted to keep the baby. The three respondents enjoyed the Unit and found everyone very friendly. They were scared of what would happen with the pregnancy and the responsibility of having a child".

Reflections from the observation period added the context of the environment to the focus group interviews. Issues regarding noise, distraction and individual contributions impacted upon the individual focus group interactions and the quality of the data collected.

The Focus Group Findings

Kruegar (1997) argues that obstacles become apparent in the analysis of focus group data. Researchers may have difficulty in separating their

personal views from what is said by participants. There is also a tendency when analysing data for the researcher to focus on trivial points. Kruegar (1997) suggests openness to new ideas, approaches, and concepts are essential in exploring focus group data.

The process of examining the findings of the focus group data began by transcribing the tape-recorded focus groups. Following transcription of the data, categorisation began. Straus and Corbin (1990) suggest the first step of the data analysis is the interpretative analysis. The data was organised loosely around the central themes identified from the observation period and literature. The themes were further subdivided into categories. When each focus group interview was categorised, individual categories were again collapsed and organised under broad themes.

The following presents a summary of the themes that were developed through the analysis and categorisation of the focus groups data.

Educational Experiences

The majority of the respondents did not like school and did not attend. Dislike of school was not related to pregnancy. For the majority of respondents a dislike of school was a chronic situation. Evidence revealed respondents had truanted over a number of years. One respondent did attend traditional school during pregnancy. She revealed she was called names by other children in the school and made to feel uncomfortable. Reasons why the respondents disliked school were difficult to ascertain but included a dislike of the teachers and being treated like a child. All respondents were positive about the Pupil Referral Unit where attendance was almost 100%. There were no comments made by respondents regarding the quality of teaching at the Unit, respondents focussed their comments on the provision to bring children to the Unit. This was important for the respondents. The respondents appreciated being able to attend the Unit and care for their child. One respondent commented if the child was ill she need not come into the Unit and this was acceptable. The Unit was perceived by the respondents as a positive environment. They were treated like mature adults and worked at

their own pace. The respondents could also have a cigarette and make a coffee whenever they wanted.

The respondents' comments regarding plans for future varied from going to college, having the baby, working with relatives and choice of career. In relation to further studies the most popular subjects were Maths, English and Childcare. Many of the comments regarding future employment related to caring including nursing, midwifery and nursery nursing. There was little evidence that the respondents were aware of entry qualifications for their specific careers choices. Two respondents wanted to work in travel and they were aware they would have to go to college to do this. The respondents were varied in their responses about future plans. Only one respondent commented that she wanted more children.

Social and Economic Experiences

The ages of the respondents ranged from 14 to 18 years. When asked how old they were when they became pregnant those who responded ranges from 14 to 15 years. All of the respondents questioned were pregnant when they joined the Pupil Referral Unit. The respondents could attend the Unit at any stage during pregnancy. For those respondents who were pregnant the stage of pregnancy ranged from 6 weeks to 4 months. It seems pregnancy was usually confirmed at about 6-8 weeks and then referral was made to the Pupil Referral Unit. Some respondents had joined the Unit at a later stage in pregnancy. The reasons for late admission to the Unit included concealment of pregnancy and a reluctance to join the Unit because of dislike of traditional school. For those respondents who had delivered their baby, the children's ages ranged from 5 weeks to approximately one year old.

Responses in relation to benefits received were varied from the respondents. Variations centred on age of the respondents, living arrangements and stages of pregnancy. Those respondents under 16 years of age did not receive any income and relied on their parents for support for themselves and their child. One respondent stated she also receive milk tokens. When the baby was born the respondents received £100 maternity grant if they were over 16. All

respondents over 16 received child benefit of £17.10 pence per week. One respondent received lone parent benefit because she was living alone. One respondent received job seekers allowance and family credit as she was living with her boyfriend. Two respondents stated they received £27 from social services per week. The responses varied so much it is difficult to see if there was equity between the respondents in payments they received from the State. The majority of the responses were unhappy with the financial support they received from the State and their reliance upon their parents for support. Most respondents felt they did not have enough money. There were complaints about costs for the baby including the price of nappies, milk and clothes. One respondent commented that maternal age should not impact on the financial benefits entitled to.

The majority of the respondents relied on their parents with child care support specifically for baby-sitting and the physical care of the child. One respondent commented that her foster parents help to baby-sit and she visits her natural mother on a Wednesday. One respondent said her boyfriend's parents helped to care for the child even though the boyfriend was not the child's father. None of the respondents had nursery facilities. All of the respondents said they brought their children to the Unit where they could be with other respondents in the same situation and share child care experiences. Some respondents stated they would not have come to school if they could not bring their babies with them. There were no negative comments regarding maternal parents helping to care for the children. One respondent commented that she and her mother shared the child and she was happy with this arrangement.

Friends and Social Lives

Responses were variable when asked about friends and social lives. Some of the respondents said they still got out but not as often, two said they did go out but pregnancy and having a child had affected their social lives and priorities. Most commented that their friends prior to pregnancy had been all right when they became pregnant but gradually they saw them less often. One respondent commented that her friends became jealous when she

became pregnant. Some respondents said they were no longer free. Many said that their only friends were now at the Unit. Some respondents socialised with each other outside of the Unit if they lived near to each other. Two of the respondents said they did not go out at all now, one said she just locked herself in the house. One respondent said she had a friend who was older than herself with whom she still kept in contact.

Responses were mixed when asked about relationships outside of the Unit. In two of the focus groups the respondents made no comment. Of those who did respond four of the respondents said they had no friends outside of the Unit, one commenting she never had any friends. Three of the respondents said they never went out at all. Five respondents said their friends were now those who attended the Unit and they went out in the evening sometimes. Two respondents said they had loads of friends outside of the Unit whom they kept in contact with; one had friends but had lost contact. One respondent said her friends do not speak to her now. Two respondents felt they had matured since having the baby indicating that previous friends were now perceived as immature and childish.

The Father of the Child

Some of the respondents were negative regarding the biological father. The majority of the fathers' were aware of the pregnancy or birth of the child. The majority of the respondents said they did not see the fathers and did not allow them to see or have any contact with the child. Comments ranged from fathers not working and therefore not able to provide or the fathers being too young. One respondent explained that the father of her child was already married and denied paternity. Two other respondents also commented fathers had denied paternity. Evidence from the respondents suggested the ages of the biological fathers ranged from 15 to 25 years old. Many respondents stated they would rather be on their own with their babies. Some respondents stated the fathers were unreliable and they did not want them to have contact with their children. A minority of respondents retained a relationship with the father of the child.

The majority of the respondents commented that their parents did not have a positive relationship with the father of the child. This proved difficult for many of the respondents because they relied on their parents for support. It appeared that the influence of the maternal parents was significant in the relationship of the respondent and biological father. Many respondents considered the role of the father to be primarily a provider and supporter and this focussed around financial support. If the father did not work then access was denied. Two fathers did get to see their children although they had no relationship with the mother. One respondent said when she told the father she was pregnant he said he wanted to be present at the birth. When she told he could not he then said he would have nothing to do with the child. Some of the respondents who said they were still with the father were pregnant and had not had the child. Two respondents said they had new boyfriends who had taken on the role of father to the child. Two respondents stated they were no longer interested in men.

When asked about future relationships with men responses were mixed in different groups. Five of the respondents thought boys were no good and just another problem, they commented they were happier on there own and joked they did not know what sex was. One respondent said she was seeing a boy for seven months and then broke up. Three commented that having a baby put boys "off". Two respondents said they did not see themselves having boyfriends in the future and two said it depended if they met the right person. Two respondents commented they did not trust men. Two respondents said they did not want to get married in the future but five respondents who did not have boyfriends said they needed a boyfriend before they could get married which suggested they had not ruled out the possibility. Of the two respondents who said they were still with the fathers of their baby, one stated she was waiting to be asked to marry but was unsure what her reaction would be. Five respondents said they would want a boyfriend or marry someone who was supportive and accepted the baby. One respondent stated she would not marry just because of the baby as she felt this was the wrong reason.

Family Relationships

Responses in the main were positive about relations with families. The majority of respondents lived with their parents and reported they were happy with this arrangement. However, for some of the respondents there were issue of overcrowding in the parental home. One respondent lived with foster parents who helped with caring for baby. One respondent said she was getting her own house, which she did not seem happy about but her parents' home was overcrowded. One respondent did live alone but this was near to her parents and she did get support from them. Two of the respondents stated they lived with their boyfriends, which worked out all right apart from minor disagreements. One of the respondents said she lived alone but her parents were in constant contact with her by telephone. One respondent said she had lived with her friend who was very negative and judgmental regarding the pregnancy therefore she moved back to her parents' home.

The majority of maternal parents were very supportive after the initial shock of the news of the pregnancy. Two of the respondents informed their mothers of their pregnancy before their fathers. One respondent indicated that her mother had initially advised an abortion but then changed her mind and accepted the baby. Five of the respondents stated their fathers when informed of the pregnancy were unhappy but then accepted the news and loved the baby after delivery. One respondent commented she lived with her parents but wanted her own house when the baby was older. The majority of respondents commented that their parents were helpful and supportive.

Support in the Pupil Referral Unit

With the exception of one of the respondents all indicated satisfaction with the Pupil Referral Unit. Teachers were felt to be supportive and the respondents were left to care for their children with support being available if needed. One respondent said it felt like one big happy family. The respondents felt more supported at the Unit than they were at their last schools; they said it did not feel like school. They enjoyed the one-to-one teaching and being allowed to

work at their own pace. The only respondent who expressed a dislike of the Unit commented it was not what she expected and it was too noisy.

The respondents in general felt they gave and received support from each other. They said they tried to help each other out with the children, looking after each other's babies to allow breaks for cigarettes. One respondent said she had been loaned money to get a drink. The respondents commented that they do not criticise each other about care of children. They indicated that they enjoyed supporting each other and they were all in a similar situation. The toddlers could play with toys on their own which meant respondents could get on with their studies. Most of the respondents wanted to bring their child to the Unit with them. One respondent said sometimes she did bring her baby and other times she did not. Two pregnant respondents said they would bring their babies when they were delivered. Respondents commented it was better to bring their child to the Unit because they could mix with the other children.

Feelings related to Motherhood

Responses were varied in relation to becoming a mother during adolescence. The majority of respondents felt that becoming pregnant had been a mistake but they stated that with pregnancy and motherhood brought maturity. They all felt they had matured and become more responsible and they could see this when they met their pre-pregnancy friends whom they classed as immature. Maturity was linked by the respondents to motherhood. Some of the respondents said they had regrets, they felt they were too young but in the main they were able to cope with the pregnancy and child now they had matured.

Respondents commented that having a baby was hard work but rewarding. Two respondents felt age did not matter; women of 30 could have problems when having a child. In relation to the effects of motherhood on social lives, responses were mixed. Respondents in general felt they did not get out as often because of the responsibility of having a child. However, one respondent said she got out more with her child. One respondent regretted

not finishing her education before getting pregnant but another said she felt that both her baby and herself were learning together. Two respondents said they would not swap their babies for the world.

Most of the respondents said that pregnancy was a mistake; two respondents were on the Pill and therefore did not expect pregnancy. Many respondents commented they had not used contraception. The respondents understood the consequences of unprotected sex they thought that pregnancy would just not happen to them. Some respondents said they would not go to the Family Planning Clinic because it would be thought they were too young.

Aspirations for the developments of their children's future provoked varied responses. The majority of respondents said they would be unhappy if their child became parents as adolescents. They commented they would support their child and help them learn from their own mistakes. If their child did become a parent at an early age the respondents stated they would be unhappy, but would stand by their child. Many of the respondents talked of the importance of education for their children. Respondents felt that their children should be taught sex education at an early age.

Responses varied when the respondents were talking about the quality of their lives and their children. Two respondents said they would like to have their own homes for themselves and their baby. One said she would not like to be alone especially at night. Two of the respondents were very critical of social services because they expected respondents to be perfect mothers and were judgemental. One respondent spoke at length of interviews she had had with social services regarding the care of her child. One respondent who was in care herself, was concerned about her child being placed on the "At Risk Register".

Stigmatisation

In relation to the stigma attached to adolescent motherhood reactions were mixed. Some of the respondents said they had received funny looks from people and that they had experienced people to be judgmental. Three of the

respondents said this was the 1990s and things were moving on, lots of adolescents were getting pregnant. One respondent felt that people were more accepting now, traditionally women got married and had babies but things were different now. One respondent felt that people have more respect if you were a single mother. Three respondents felt it was perceived as a problem to be a young mother, ruining your life and not getting an education. One respondent recounted her experience of the bus driver being judgmental and not letting her on the bus or use her bus pass because she had a baby. She said she paid full fare to avoid further embarrassment.

The summary of themes that emerged from the focus group interviews proved useful in capturing the wide and varied experiences of the 36 respondents. In exploring the themes in greater depth the focus group data was revisited. Themes were rearranged into broader constructs in an attempt to capture the realities of life for adolescent mothers, the support systems available to them and the coping strategies they utilise.

The broad constructs included the following:

Motherhood

"Getting pregnant was really a shock, I didn't believe it. I fainted at school on the Thursday and I was talking to my friend and she said "I think you should go and have a test because you have the same symptoms as my mam had when she was pregnant with me". So I went and had one and I thought "Oh what". I just didn't know what to do"

For most of the respondents a pregnancy had not been planned and they were shocked when they found they were pregnant. Feelings of not knowing what to do were commonly expressed. Many feelings were related to a loss of the life they were used too. Changes to their lives were viewed in the main as changes to their social lives. Few respondents commented about choices they had, there seemed resigned to the fact that they would have the child and assume the role of mother.

"We are not fancy free"

"Ye cannot just get up and go"

Loss of freedom was an issue for the respondents. Not being able to go out and do the things they used to anymore. Becoming a mother meant losing independence. Assuming the role of mother brought with it enforced maturity and responsibility. The respondents referred to life at home as being life with a baby. Although many of the respondents were not physically "at home" during the day, they related being a mother and having their child with them to being "at home". At home also related to loss of independence. Feelings of dependence meant restrictions imposed through motherhood. Dependence of the child on the respondents also indicated an interpretation by the respondents of feelings of maturity.

The assumption that adolescence equates with having an active social life was unfounded for some of the respondents. Having a child for a minority resulted in an active social life.

"I think I've got more of a social life since I had him, because before I had him I just used to sit in the house all the time bored but now I don't"

"In a way it sort of changed my life because before I had my son I never used to get out, never went out or nothing but now that I've got him I've got to go out, I cannot just sit"

Attempts were made by some of the respondents to retain the social life they had before becoming a mother. These attempts were unsuccessful. Feelings of guilt were felt at leaving the baby at night.

"In the beginning I used to be out at night and I felt guilty about it so I didn't like to stay out and now I just can't get out"

Coping with a child was hard work for the respondents. After a while they seemed to adapt to the role. Once adapted they were able to cope with caring for the child. Coping was interpreted as physically caring for the child.

"I think at first when you first get the bairn it is hard to cope because the bairn is there and you don't know whether it is going to be wingey and sleeping all the time or awake all the time. The first couple of weeks is hard but after you get used to it and it's all right"

Views of motherhood changed when being a mother became a reality. Having to put the baby's needs first was difficult for the respondents.

"You get a hell of a shock, you don't think, its nothing like you expect, because it's more responsibility and you cannot do what you want to do, what you used to do, because you have the baby to think after"

Becoming a mother created mixed reactions from the respondents

"I am frightened"

"It's scary"

"It's a challenge"

Fear was a common reaction by the respondents to thoughts of becoming a mother. When the expressions of fear were further explored it seemed to be related to fear of the childbirth. After a few weeks following childbirth the respondents get used to the role of mother. It was not clear from the responses if the role of mother referred to the physical caretaking role of the mother or the emotional feelings related to motherhood. Motherhood involved a loss of independence. Being a mother may not mean that life is ruined but there was a change. The respondents felt that they could get through their lives but they could no longer do what they wanted to do.

"I don't think it ruins your life, because you can get through what you want if you want to. I know I can get a good job if I really want to, no matter what. You lose your childhood years like being really independent and getting up and going out the door when you want to and everything like that which you should be doing. When you get to 18 and that you want to go on holiday with your friends and doing what ever you feel like doing and you cannot do that. You cannot lie in bed until when you want. I think you should just be independent"

General feelings of loss of freedom were commonly expressed. Having a baby for some of the respondents was an acceptable reason for losing freedom. Loss of freedom was also linked to reduction in the choices open to the respondents. The respondents compared their choices to choices of childless adolescents. Although there was an acceptance of the role of mother the respondents felt they had still lost a great deal in their lives.

"People say well you have lost your freedom and you are not going to be able to do what you used to do but I say don't be silly I am going to have a baby

what are you talking about, but I have lost a hell of a lot. I just cannot go out and go to the gym or do this or that but now I have to find a babysitter.”

In general the respondents seemed to just accept their situation and get on with their lives even though they indicated that life had changed significantly after having the baby. Becoming a mother for the respondents meant being responsible for a child.

Age was an issue for some of the respondents. They expressed their opinion of what they perceived as being too young for motherhood. Respondents commented the ages of 14 and 15 years was too young to have a baby.

“When I look back now I know it was dead wrong but at the time you don’t think you are, but I know I was too young, I was only 14”

To some respondents age was not an issue. There were feelings expressed that indicated that older respondents could not cope and younger respondents are more able to cope.

“Well I don’t think age matters for parents because parents could be say like thirty and have a kid and couldn’t cope so I don’t think age has anything to do with it”

“Someone of thirty cannot cope, they’re probably not as responsible with their children as they should be, like us, we find we can cope”

The need for maturity when becoming a mother was an important factor for the respondents.

“You’ve got to mature when you’ve got a kid because you can’t just go out round the streets doing what you want, like taking drugs and that when you’ve got a kid to look after. I know some of them do but not like in school you know that some people are out there pregnant and walking round the streets taking drugs, smoking and that”

Maturity was linked by the respondents to age but it was related to becoming a mother.

“When I walked through the Town on a Saturday I used to think everyone was looking and saying, “ah look at the age of her” - yes I thought like that but it doesn’t bother me”

The respondents' comments centred on age being an issue for other people who observed them but it did not bother them.

"Well in some ways, you are still going to be young when your babies are young, not like some older mothers who have their babies when they are older and they are old by the time the baby gets to ten"

Many of the respondents used youth as an advantage as their children get older. When respondents were asked about problems faced by a young mother responses were mixed. Some respondents believed that people gave young mothers a chance but the majority thought they were labelled because they were young. The respondents were aware that they were labelled as a group.

"Some people can be very understanding, they will give you a chance even with your being in trouble but other people just don't care, you're too young, you cannot cope, you're not even in school, you haven't had a chance".

"I think that they label you because you're young. They're not really trying themselves to understand what situations we have been in and how we can cope, they just don't give you a chance, they refuse to give you a chance before they have even met you and maybe seen you with your baby."

The respondents indicated that there is a stereotype of what a mother should be. Because respondents do not fit into this stereotype they are expected to have problems.

"I mean Social Services want you to be a mother that you're not and it's a fact, there is no such thing as a perfect mother"

One respondent who was in care with her child reinforced the role of social services in judging young mothers negatively.

"The Social Services wanted to put her on the Register before she was even born. Just wanted to put her on the Register and I wouldn't have it. She is not on the Register or anything yet, but they say if they take me off the Register they are going to put her on. If I leave care they will put her on a care order, because I'm 16 now and if I get a place and move out they will put a care order on her. There's nothing I can do; I'd rather I be on the Register than her. I mean I have only a few more years on it but she has the rest of her life"

Another respondent recounted her experience with social services. She suspected someone had reported her regarding the care of her child.

"It was just that one time I got a letter. I got myself upset, because it was a very blunt letter; we want you to come in on such and such a date at this time because we need to discuss some concerns with your son. They wouldn't tell me anything over the phone, which got me even more upset. They just asked me loads of questions: has he been in hospital for anything that wouldn't be normal for a child of his age? Has he been in and out of the doctors? I said well he has had an infection and he has been in and out of the doctors for about one or two months for that. The doctor couldn't shift it; it was just one thing after another. Because of not recovering properly from the cold he had caught something else at the time, but the thing is they specifically asked me about the scratch on his eye. What about the scratch he has had on his eye? I said what do you mean, what scratch, what about it? He is 11 month old, you cannot expect him not to crawl around and catch himself and scratch himself before I have had a chance to cut his nails? She said, "We are happy with him, that's it, it will not be taken any further". I couldn't believe it.... Well they said sorry for the inconvenience but the thing that made it worse, I knew who had reported me even though they wouldn't tell me. I mean fair enough it was a false accusation but around the time the report was made the only people that really seen him was me landlord in the flat, me mam's next door neighbour and me mam. Well me mam's next-door neighbour knows what he is like for throwing himself about. Me mam wouldn't have reported me either so that is the only person I can really get to lay my suspicion, I cannot really think of anyone else"

There were general feelings that the respondents constantly had to defend their care of their children. They felt they were unfairly being identified as unfit mothers because of their age and perceived immaturity. They perceive themselves as being mature with motherhood, whereas "outsiders" label them and assume they are immature and cannot cope. Motherhood to the respondents was about proving to the outside world they could cope. The respondents felt they should be afforded the status of mother without always being suspected of not being able to cope. They perceived themselves as being able to care for their child.

Fatherhood

When the respondents recounted their feelings about the father of their child and men in their lives reactions were mixed. Comments varied from having nothing to do with men to wanting to eventually get married.

Reactions to questions about men for some of the respondents revealed negative comments.

“Cold subject”
“Forget about it”

The respondents stressed men were not an issue in their lives. They were single parents and their lives evolved around themselves and their child.

“Well boys to me they’re just no good, they’re just another problem”

The reason why they were hostile towards men was not clear. Indicating men were just another problem hinted at the fact they did not contribute towards the rearing of the child.

“I’d rather be on me own really”

Some of the respondents stressed the desire to be alone with the child without the father being there. Many of the respondents had created their own lives with their children and the fathers had no role in this life. They did not want to see the fathers and did not want them to see their child. Two respondents said the father had denied the child was theirs. The respondents did not pursue the issues of proof of paternity.

“He denied it was his bairn when she was born so I decided well, fair enough; if he ever wants to see her I will just put a block on it. He’s not getting to see her, he is not going to see her at all an he’s not getting photos or anything”.

“His dad turns up about every six months when he pleases and that’s it but he does not see the bairn because I do not let him”

“My baby’s dad is gone”

One mother perceived having a baby as a problem, a problem that was hers.

“I was the cause of this problem”

The respondents’ comments about fathers and men in general reinforced their role as mothers. They perceived their role as provider for their child. In seeking assistance to care for the child they appeared not to go to the father.

A minority of respondents commented about the relationship between father and child

“His dad sees him three times a week”

“His dad sees him every day”

One respondent stated the role the father plays in caring and supporting a child depends on how he reacts. She recounted her own experience.

“It all depends because some lasses are still with the bairn’s dad, you see it all depends on how the bairn’s dad reacts, because when I told him he turned round and said to me well can I come in the labour room and I said no. He said well then I want nothing to do with the bairn, which was fair enough. I never seen him and then he comes down about every six months asking to take him out and the bairn does not even know him. So he doesn’t give is nowt for him so I have nothing to do with him”

It is apparent from this respondent’s experience, if the father had been involved in the birth of the child he may well have contributed to the care of the child. The father visiting the child infrequently was unacceptable.

Financial support for the child was also an issue. If the father did not provide financially for the child then access was denied. Some of the respondents did recount positive experiences in relation to the father’s role, but these were mainly in relation to buying things for the child not specifically in sharing the responsibility for caring for the child, this responsibility was accepted as that of the mother.

One respondent recounted her experiences of deciding whether to go through with the pregnancy or have it terminated and the father’s reaction. She appeared happy that the father was supportive with her eventual decision to have the baby. She emphasised that the father was 20 years old and she was 15 years old.

“Like he was going with my friend first and then well I was not sure what I really wanted to do and he said well whatever you do I will support you 100% and at first I was not keeping it and I was due to get it terminated on Thursday, last Thursday, and I just said look I can’t do it. That was on the

Wednesday and it really upset him when I said I was going to go through with the pregnancy but he is over the moon now and we are both looking forward to it and getting dead excited. He is just turned 20”

Although many of the respondents did not have contact with the child’s father, for some men were still present in their lives. One respondent stated that she was now with another boyfriend who had assumed the role of father.

“I’m, with someone else; he is like his dad because I have been with him since he was two weeks old”

Many respondents were negative when commenting about the role of men in their lives.

“Ah divven’t want now’t to de wi them”

Some respondents talked explicitly about sex and related having a boyfriend to having a sexual relationship.

“Ah’ll just keep me legs crossed”

Responses were mixed regarding the issue of sexual relationships ranging from:

“Ah divven’t nah what that is”

To:

“I’m doing without it”

Marriage appeared to be a desirable position for the respondents although not necessarily marriage to the father of the child.

“Someone with money, I would think about marrying him and then divorcing him”

The respondents seemed to want to marry in the future. Emphasis was placed on the need for a future husband to accept the child. It appeared that they perceived motherhood as a mistake and not as a reason for marriage. Plans for marriage were perceived as something they would aspire too in the future. Some of the respondents rejected the thoughts of marriage. It was

not clear if they had feelings similar to adolescents in general at specific ages or if their rejection was based on their experiences of motherhood. The respondents were definite in their views about not getting married because they had a child. Comments emphasised that being a mother should not be the primary reason for getting married.

"I am really just sort of taking one step at a time; I just wouldn't marry him for just like for the bairn, I would be doing it for all the wrong reasons, so I haven't really thought about marriage"

It appears from the respondents' comments that becoming pregnant was a mistake, more specifically their mistake. For many of the respondents the relationship they had with the father of the child was not perceived to be a long-term relationship. When an unplanned pregnancy occurred the respondents had accepted this responsibility. The majority of biological fathers were excluded from the care of their child.

Relationships

When the respondents were asked about relationships, they began by talking about the relationships they had with friends and how these friendships had been affected by motherhood. Some of the respondents had lost the friends they had prior to motherhood.

Many of the respondents said they had friends or they had made new friends through motherhood. Friendships were formed in the Unit based on the common themes that bound all the respondents, motherhood. Attendance at the Pupil Referral Unit offered the respondents opportunities to make friends with other respondents with whom they had common interests, which mainly revolved around their children. Some of the respondents had still retained the friends they had before motherhood. Reactions were mixed in the relationships they have maintained with friends

"They don't bother as much as they used to but they still come down and that"

One respondent had retained her friends but they did not visit her as often as they had. She placed an emphasis on her friends visiting her and indicated

she was not as able to visit them with the child. One respondent said she still had a few of her friends but her priorities had now changed.

“But I don’t expect to be clubbing all the time”.

When the respondents talked about their relationships with friends there was a general perception that things changed when having a baby. Their lives now centred on their children and therefore their priorities change and they could no longer socialise like they did before pregnancy.

When the respondents talked about the relationships with their families, comments were in general positive, indicating the primary role of maternal parents is that of support. One of the respondents who lived on her own with her child stated that her parents still regularly communicate with her.

“I’m sick of them being on the phone over the weekends saying are you all right. That’s all they’ve done every one of them”

The respondents’ comments stressed that both parents had been supportive.

“Me dad’s probably been as supportive as me mam, but me mam cannot do a lot because she has just come out of hospital after an operation, so she cannot do much at the minute”

“Me dad wanted it but my mam said I had to have an abortion then she said she was not worried I had to decide myself.”

Some of the respondents’ comments indicated that fathers were more accepting of the situation and ready to support their daughters.

“My mam said oh all right, but, we did not tell my dad until we got my results back. She told my dad the day before and he ran out with a pen in each hand. So, he just come through to my room and said it will be all right and he would help me in what I wanted to do, but it was too late for an abortion because I was five months when I found out but I wouldn’t have one anyway”

For some of the respondents informing their parents about the pregnancy was anxiety provoking. It seemed more favourable to inform their mother prior to their father.

When asked if they would like a home of their own the respondents' reactions were mixed. Some of the respondents wanted a home of their own for just the baby and themselves, others preferred to stay with their parents. Staying with parents was related to support. Some respondents felt it desirable to live with their parents until the babies got older

"I want to move out when the bairn is older, about one year, I will get my own house then"

Moving out when the child gets older also indicated respondents needed support whilst adapting to the role of mother.

Stigmatisation

In general the respondents were aware they were stigmatised but they accepted this.

"Some people hold the stigma, other people, well it's the 90s thing and they are moving on"

One respondent recalled her experience when waiting for a bus.

"When I stand on the corner waiting for the bus this lady passes me every morning and she always gives me funny looks and if I give her one back she says if you look at me like that again I am going to knock you up a height. I says, oh yea, bloody hell it's her that stares at the bairn not me"

The respondent could not understand why it was acceptable for a passer-by to look at her and when the look was returned she was criticised. This added to feelings of being stigmatised.

The respondents viewed adolescent motherhood as being more common and therefore acceptable. They did not see themselves as an isolated group, they were aware that adolescent motherhood was a feature of a modern society.

"Well it is more common. There are loads and loads of teenagers in this world pregnant, but I don't think it is right because really it is a case of bringing a child up no matter what you want to say, I feel sorry for the child. I admit that I have one but I think definitely people accept it more because there are schools for you and you carry on with your education whether you have a baby or not"

For some of the respondents they appeared to be influenced by some of the general popular beliefs that adolescent motherhood was undesirable and to be avoided.

“Because people think you should just live your life and when you’re ready to calm down and get married and satisfy yourself but it doesn’t work like that, but that is what people think”

The respondents were aware of societal expectations in relation to the traditional family structure but they felt that this was not reality. They commented that stigma was attached to socio-economic status and age. They felt that there is a perception that having a child during adolescent years meant that their lives were ruined including their education and economic position.

“I think if you had a lot of money it is Ok, it’s with being young”

“Yes, loads of things like, you are too young; you will ruin your life. You can’t go to school, you can’t do this and you can’t do that”

The respondents commented that having a child did not mean their lives would be ruined. They acknowledged life was harder but they could still achieve. They acknowledged the opportunity to attend the Pupil Referral Unit had helped them to achieve for the both their child and their future.

“If you really want it though you can get it then as long as you know that you tend to push yourself a bit more because it’s going to be hard no matter what”

From the respondents’ comments and reactions, they recognised they were stigmatised as a group but this seemed to be both expected and accepted.

Support and the Pupil Referral Unit

The Pupil Referral Unit offered a facility for the respondents to bring their children whilst they undertook their education. Comments indicated the respondents preferred to bring their children to the Unit rather than leaving them with parents.

“If I had to leave her at home like should wouldn’t know is, she would be wary of is”

“Ah wouldn’t be able to concentrate on me school work properly if I was at home even if ah knew he was with someone I knew that wouldn’t harm him or look after him properly”

The respondents indicated that if they could not bring their children to the Unit with them they could not complete their education. Having their children with them meant they did not have to worry about them. The respondents perceived the Unit as being a supportive environment. They were able to talk to others respondents in the same position as themselves and this was acknowledged as a form of support.

“It’s like, everyone talks to each other, it is not as it if you are on your own.”

In bringing their child to the Unit the respondents were expected to care for their child. There was a general feeling that if the respondents needed support it was available.

“Basically at school, they leave you to look after your children the way you want to, but if you need to talk to them they’re there, you just say ah look can I talk to you about this”

The respondents felt they were part of the Unit and had positive views of the environment.

“They take the bairns sometimes for us as well, and they take the bairns a few times actually and sit and play with them for a while when they also have the kids through next door, it gives us a spell”

All of the respondents smoke so they look after each other’s children and take turn to have breaks for cigarettes.

The mother appreciated the support the Unit offered them. Without the Unit they felt they would just be sitting at home.

“I think it is better here because you have people to mix with where with you family you would just be sitting there or be by yourself”

The respondents commented about the support they receive from each other. They felt that they could recognise they were all in the same position and could therefore provide each other with support.

“You can always guarantee when you are in here that somebody will help with the bairn if you are busy making the dinner or something. There is always someone to keep an eye on them for you”

It was evident that the respondents were aware of the support they received both from the Pupil Referral Unit and their peers in the Unit. They recognised they are all in a similar situation and attempt to help each other where possible.

Education

It was apparent from the respondents’ responses that the majority did not enjoy traditional school and did not attend.

“I used to stay off all the time so I was also put in a Care Unit where they had their own school, which I had to go to every day, and that was all right. It was like an hour each lesson”.

Respondents were not forthcoming in explaining why they did not enjoy school. One respondent stated she attended school but not the lessons, enjoying the social interaction with peers but not the educational experiences. Another respondent commented she did go to school but only to attend the swimming lessons.

Discussion with the Unit’s head teacher revealed that school attendance records for the respondents prior to joining the Unit were poor. School records revealed that some of the respondents only attended school for a few sporadic days over a few years. The respondents indicated in making their choice not to attend school there was no pressures exerted on them too attend from the family or the education authorities.

“And when I fell pregnant and I just used to sit in the teachers’ office and drink cups of coffee with them.”

With the exception of one respondent dislike of school was not related to motherhood. The respondents at the Unit all lived in an inner city area in the West of Newcastle, within a radius of 10 miles. Their educational experiences related to a limited number of schools within this area.

"No, well you get on better here than what you do at school they just let you get on with it it's much better"

The respondents are transported to and from the Unit with their babies' everyday. School begins at 9.30 a.m. until 2 p.m. The respondents commented that the Unit is not like traditional school it has a different atmosphere. The respondents at the Unit work individually at their own pace. They are allowed to sit with their friends. There are no formal teaching sessions. The Unit has two teachers who work with each of the respondents on an individual basis. The respondents commented the Unit was not disciplined like school.

"Yes, it is easier, you're with the bairn and if the bairn is bad you don't need to come in you just stay off, do you know what I mean. At the other school when my mam was looking after him he had to go to the doctors I just couldn't stay off, some schools do, do you know what I mean?"

Respondents commented that being able to bring the child with them to the Unit improved their attendance. One respondent said she would worry about the child if he were not with her. This was an important factor for the respondents to be able to attend school and care for their child.

Social interaction with peers and childcare facilities appeared to be the main attraction of the Unit to the respondents. The respondents indicated that coming to the Unit on a daily basis gave a structure to their lives. They had somewhere to take the baby and they could interact with other respondents in similar situations.

The respondents were offered a range of limited subjects of GCSE level including English, Maths and Childcare.

"I've done mine, well I got two 'Cs' and four 'Ds' but I need to re-sit my Maths and English so I will have four 'Cs' to get into college and then do a two year course"

"I don't exactly know what the procedure is after you have the baby and GCSEs but I would like to stay here until I get my schooling like further education sorted out"

Educational facilities were limited at the Unit. There were no computing or laboratory facilities offered. Most of the respondents were clear about what subjects and exams they were taking.

Of those respondents who had ideas about career plans they did not seem to be clear how they would progress to achieve their aspirations.

“I might go to college”

“I want to be a nurse”

“I want to be a midwife”

“I want to go into further education, or try to”

A number of respondents indicated occupations related to caring, for example becoming a nurse or a midwife. One respondent indicated she wanted a similar job to her own mother's. Two of the respondents commented they wanted to travel. There was little comment from the respondents related to childcare provision whilst they pursued a career and difficulties anticipated.

Discussions with the head teacher revealed little information on the respondents' career progression after they had left the Unit. The head teacher indicated that many of the respondents after completing their formal education return to the Unit to socialise with the other respondents. It appeared that opportunities for the respondents were limited after completion of their compulsory education. The Unit provided the respondents with a supportive environment for both themselves and their child. There were able to socialise with peers as well complete their formal education in an environment which was unlike traditional school.

Summary of the Focus Group Analysis

Analysis of the categorisation, theme development and the emergence of broad constructs have revealed a range of factors that influence the respondents and their lives. The respondents recounted their experiences of motherhood for both themselves and their child and the support they received.

The respondent also experienced stigmatisation as adolescent mothers because of their age and perceived immaturity. The respondents shared their experiences and needs and the coping mechanisms they utilised. Relationships with the family, father of the child and friends were recounted by the respondents. Evidence revealed they relied on their families for support and the majority of maternal parents had accepted their role to support their daughter and grandchild.

The respondents were positive regarding their experiences at the Pupil Referral Unit, which offered them more than an educational experience. The Unit offered respondents a structure to their daily lives, a place to take their child and to make friends with peers. The respondents supported each other in caring for their children and coping with experiences of motherhood when society labelled the respondents as young and immature.

The respondents recognised they were a stigmatised group but they appeared to accept this situation. They found it difficult to understand members of the public or Social Services who they believed were unjustifiably critical of them as mothers. They recognised that adolescent motherhood is common in society. They did comment that adolescent motherhood was not a situation they would wish for their own child. The majority of respondents did regret motherhood at an early age. They had aspirations for the future but there was little evidence of systems in place to help them achieve their aspirations.

The focus group interviews have captured a range of experiences that have added depth to the reflections document from the 3 months observation period. . Because of the transient nature of the respondents at the Pupil Referral Unit not all respondents who contributed to the focus group interviews had been present at the Unit during the observation period. However similarities of experience were apparent for the respondents and related to their similarities in profile.

A weakness of the focus group methodology is the data collected does not reflect all respondents' views. There are also no means of verifying the focus group data or identifying the significance of the issues identified by the respondents. To add to the rigour of the issues emerging from the data will be further explored in the next methodological approach, the semi-structured interviews. However, the focus group data has added depth to the data from the observation period and expanded the themes. Broad constructs have also been developed that have enabled the clustering of issues. The data will inform the next stage of the research, the semi-structured interviews. The trends and constructs emerging from the focus group data will be revisited and further explored in the semi-structured interviews.

Chapter 6 presents an overview of the third and final methodological approach the semi-structured interviews. Extracts from the reflective diary are presented which describe the Pupil Referral environment at the time of the semi-structured interviews. The body of the chapter presents the findings of the semi-structured interviews. The conclusion will summarise the main points emerging from the semi-structured interview data.

Chapter 6 - Findings of Semi-Structured Interviews

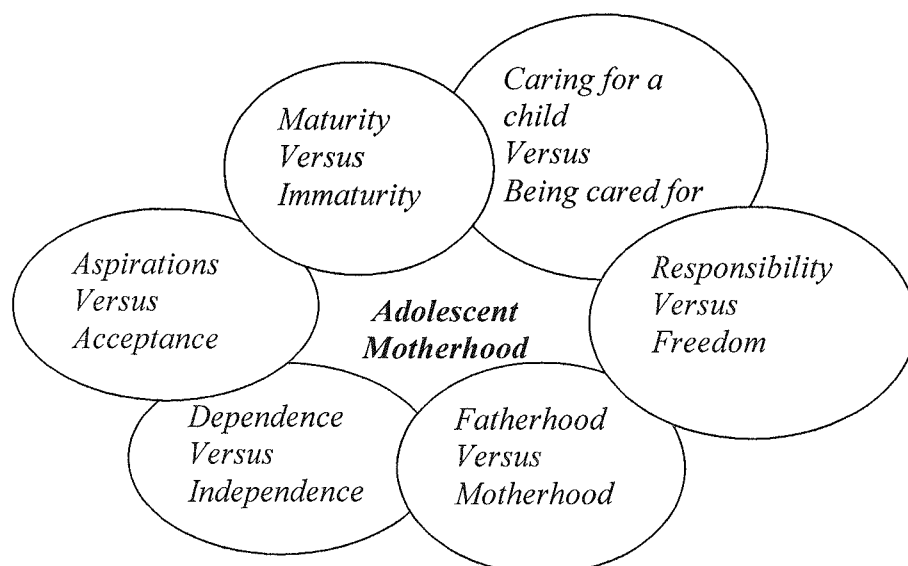
Introduction

This qualitative study has provided an insight into the needs and experiences of a group of 36 adolescent mothers situated in the North East of England. The qualitative research design facilitated the exploration of the mothers' experiences through observation and communication. Utilisation of a grounded theory approach (Straus and Corbin 1990, and Glaser 1998) enabled the researcher to develop an effective rapport with the mothers which impacted upon the quality of the data generated. As was discussed in the Introduction to the thesis the 36 respondents all attended a Pupil Referral Unit. Pupil Referral Units provide a facility for adolescent mothers to complete their compulsory education. The mothers are able to bring their child to the Unit where they were responsible for the care of the child in addition to undertaking their individual studies. The Pupil Referral Unit capacity is 36 and mothers join and leave the Unit throughout the year. There is not a defined cohort of mothers therefore the Unit provides individual educational support to the mothers. The Unit was positively evaluated by the mothers and during the course of the study it became clear the Unit provided more than an educational experience. It offered the mothers a daily structure for themselves and their child and they also were able to meet peers, share experiences and receive support.

Three methodological approaches supported the study design. The three approaches included an observation period of three months, focus group interviews and the final approach the semi-structured interviews. Interrogation of the data from the observation period and focus group interviews identified distinct categories, lines of enquiries, themes and constructs. Anticipation of a varied range of experiences from the respondents due to the transience of the study population was not realised as the respondents reported similar experiences. A similarity of response reflected the similarity in the respondents' profiles. All respondents lived within a 10 mile radius of the Pupil Referral Unit and came from similar social and economic backgrounds.

Further interrogation of the focus group interviews revealed the respondents experienced a range of overlapping and opposing dimensions. The dimensions created tension for the respondents and prompted a range of emotional reactions. The dimensions were further explored in the semi-structured interviews. A simple model demonstrates the overlapping and opposing dimensions.

Model 1
The Overlapping Dimensions of Adolescent Motherhood



Discussion of the findings from the semi-structured interviews provides the focus for this final methodological chapter. Each of the respondents within the semi-structured interviews was profiled. Key characteristics were identified and are included in appendix 2. The semi-structured interviews were tape recorded and transcribed. Following completion of 14 semi-structured interviews and analysis of the data, it became evident similarities in experience and response had emerged. Emergence of similarity in evidence within a grounded theory framework is acknowledged by Glaser (1998) as data saturation. Data is saturated when no new data is revealed and responses are repeated. When data saturation became evident (interview 14) the semi-structured interviews were concluded.

Interrogation of the semi-structured interview data revealed common trends which transcended each individual respondent's experience. Presentation of the semi-structured interview findings explores these trends. No attempt has been made to quantify the responses. However, qualitative comments from individual respondents highlight their experiences (A full account of individual respondent's experience of pregnancy and motherhood are included in appendix 3).

What became apparent during the data collection was the difference between the data collected in both the observation period and the focus group interviews. What the respondents said within the group situation proved to be different from the experiences respondents shared within the context of the semi-structured interviews, where there was only the respondent and researcher present. Potential reasons for difference include the dominance of some of the respondents within the group which is recognised as a weakness of focus group methodology.

Observation demonstrated that some of the respondents were quiet and withdrawn and did not share their feelings or anxieties with the whole group. The quieter more withdrawn respondents tended to be the younger respondents between 14 and 15 years of age. The age range of the group, 14 to 18 year olds also proved to be significant as the older respondents were more judgmental of the younger respondents. Age was a significant factor in the study; the older respondents saw themselves as more experienced and mature. Older respondents were aware of mistakes they felt they had made. This awareness made them angry especially when they observed younger respondents coming to the Unit mirroring those mistakes.

Prior to the presentation of the findings from the semi-structured interviews as with the preceding chapters (4 and 5), the reflective diary has proved valuable in contextualising the environment in which each stage of the study has occurred.

Extracts from the Reflective Diary

The following extracts are taken from the diary.

21 June 1999

"Today I returned to the Unit to begin the semi-structured interviews. I arrived at the Unit at 10.00a.m. I spoke to the 2 teachers who were expecting me. I agreed with them the focus and structure of the interviews. The head teacher introduced me to the respondents; there were about 20 there today. Some of the respondents I recognised from the focus groups and the observation period but others I did not. A number of the respondents had almost completed their GCSE examinations and will leave the Unit on the 23 of July. This caused me some anxiety because I am unsure of the number of respondents who will be attending the Unit next year. I realised after talking to the teachers that I need to do as many interviews as possible prior to the school holidays.

After our discussion it was agreed that a room would be made available for me to conduct the tape-recorded interviews, which was quiet, and I could speak to the respondents individually. I set up the seating arrangements and tested my tape recorder. I spoke to respondents individually and sought their consent to the interviews. They had already received a letter explaining the research and obtaining written consent.

Today I completed 5 interviews. Each interview lasted between 30-40 minutes. Although I followed my prepared format the respondents digressed and focused on specific areas they wished to discuss, for example being a mother, maturity, reliance on parents for support and life at the Unit. Some of the respondents were talkative others replied to my probes with one syllable answers. I found the interviews hard work and did not feel I made the respondents feel at ease. The tape recorder was intrusive. I feel the respondents were more articulate in the focus groups. I do not think they liked talking alone with me. One respondent refused to be interviewed. The head teacher later told me this respondent had just joined the Unit and they have discovered she could not read and she was very embarrassed. One of the respondents I had met before was very articulate. In the middle of the interview her mobile phone rang and she left for 10 minutes.

Of the 5 respondents interviewed, 3 lived with their parents and 2 lived alone or with their boyfriends. All relied on their parents for financial support. The respondents told me that although initially shocked parents had been supportive. When asked how old they were when they became pregnant, 3 of the respondents had been 15 years old and 2 respondents 14 years old.

None of them had plans to marry, 2 were still seeing the father of the child, 2 had boyfriends who were not the father of the child and 1 respondent did not have a boyfriend.

All of the respondents disliked mainstream school but enjoyed coming to the Unit. The majority did not now perceive they had an active social life and had

lost many of their friends. Pregnancy and motherhood had led to maturity for the respondents. Most of the respondents had plans for their future; they either wanted to go to college to do "A" levels or wanted to work. One respondent wanted to go to college but could not afford a, nursery place, which was £120 per week. The education authority paid £60 per week towards the place but the respondent or family had to pay the remaining. One respondent told me her father was paying the remaining money so she could go to college.

All of the respondents received little financial support from the State, they relied on parents for financial help, and two of the respondents also relied on their boyfriends.

The Unit had changed since my last visit to do the focus group interviews; it did not feel to have the same atmosphere. The Unit has been decorated and they now also have 2 computers. The most significant change is perhaps the introduction of the no smoking policy. The respondents themselves appeared more subdued. The Unit had done very well in its recent OFSTED inspection but there is a threat of closure due to recent Government policy in relation to adolescent motherhood.

I will return for the next interviews on the 28 June. I will reflect on the experience this week and think about the conduct of the interviews and getting the respondents to relax. I am anxious regarding the number of interviews I will be able to complete before many of the respondents leave the Unit at the end of July".

A significant change observed on returning to the Pupil Referral Unit was the introduction of the no smoking policy. However, the head teacher informed me the respondents still smoked. They now had to go outside to have a cigarette. The impact of the change of policy was not apparent as yet. At this time of year respondent were completing examinations and therefore attendance was reduced. The head teacher could envisage problems when the weather proved too cold for the respondents to go outside. One of the attractions of the Unit reported by the respondents was its difference to mainstream education. Respondents were treated like adults and this included being able to smoke.

June 28 1999

"The Unit was quiet today when I arrived. The majority of the respondents have now left after completing their examinations. The head teacher informed me that the local education authority is now very strict and respondents have to leave at 16. There were about 12 respondents and babies here today. I spoke to them all and they all knew me as I had met them all last week. There was only one respondent present today who had been in the original

focus group.

I completed 4 interviews today. One respondent refused, this was the same respondent that refused last week. All of the respondents interviewed were very talkative today, the interviews went very well, although the respondents tended to avoid my prompts and talked of the issues they wanted too. All of the respondents today were 15 when they became pregnant. Two of the respondents were living with the fathers of the babies and the other two were at home with their parents. The two respondents who lived with the fathers discussed the support they got from their partners, both felt happy and felt they shared the care of the child. The two fathers were six and seven years older than the respondents. One of the respondents whose partner was 22 told me she lied to him about her age and did not tell him she was 15 until she was in labour. He had accepted it but his parents believed her to be 18.

All of the respondents enjoyed coming to the Unit they had all dropped out of school and again confirmed that motherhood encouraged them to return to education. They all felt they had matured with motherhood and had lost their childhood.

Without exception the respondents all relied on their parents for financial and social support. All parents were supportive, even when the mother was living with the father of the child.

Two of the respondents had plans for the future but the other two just took one day at a time. One respondent was very negative about motherhood, she appeared depressed. She said although she loved her son she was finding it all very hard.

Without prompting the respondents talked of the unfairness of the Government, they were against the idea of hostels for adolescent mothers and their babies and felt they were being stigmatised. They felt they could adequately look after their babies without help to teach them childcare.

The interviews yielded rich data this week; I feel I have adapted my interviewing techniques to allow the respondents to talk more freely. The head teacher asked me to telephone on Thursday as she thought there were 3 respondents whom I had not met. Holidays begin on the 23 July. In September there will be a new group of respondents joining the Unit so I may need to return to complete the semi-structured interviews then".

October 8 1999

"Today I completed 3 interviews. Respondents had recently joined the Unit. They were very talkative and the interviews produced rich data. These three respondents were the only three in the Unit I had not interviewed and the head teacher thought more respondents would join the Unit over the next few weeks".

November 1 1999

Today I completed 2 interviews; both respondents were very talkative but did

not address my prompts directly. Both respondents talked freely regarding their experiences and aspiration for the future”.

Presentation of the Semi-Structured Interviews Findings

The Context

Motherhood was an experience all the respondents shared. Without exception, none of the respondents had planned pregnancy. The reasons for becoming pregnant were alluded to and included:

- To be sexually active was the norm
- Not sufficient was known about sex and contraception
- What was known about sex and contraception was often based on ineffective practices
- There was a lack of motivation to use contraception
- Common comments included “I thought it would never happen to me”
- There was a general inability to say “no”
- A common comment was “It was only a one-night stand”

Chronic truancy was an issue for the majority of the respondents; many had not been to school for two to three years. Examination of the respondents’ school records demonstrated poor attendance at school. Surprisingly enough truancy did not appear to be addressed by the education authority or by the family. Pregnancy was not the reason for truancy, but pregnancy was a consequence. Recent Government initiatives (DoH Social Exclusion Report 1999, Action Plan 2006) have advocated sex education programmes within schools, but for those adolescents who do not attend school, this initiative is ineffective.

For all of the respondents in this study a return to education resulted in a positive educational outcome as they all achieved moderate success within the limited number of subjects offered at GCSE level by the Unit. The respondents, when pregnancy was confirmed, did return to education, but the reasons for the excellent attendance at the Pupil Referral Unit were more than

the education the Unit offered. The Unit offered the respondents a structure to their lives and broadened their perceptions of education. The respondents felt the Unit was not like mainstream school, they were allowed to take their child with them and were responsible for the care of their child during the education process.

The respondents received individual tuition and were allowed to work at their own pace. The respondents were brought to the Unit by minibus at 9.30 a.m. and then returned home at 2.30 p.m. for the babies to have an afternoon sleep. The respondents felt they were perceived differently and given a different more mature status because they were “adolescent mothers at school”. Pupil Referral Units, whilst adapting to the specific needs of adolescent mothers may also contribute to feelings of maturity by offering alternative environment reflecting maternal status.

The system of referral to the Pupil Referral Unit was not clear; health professionals or educational welfare officers referred respondents. The respondents at the Unit represented only the tip of the iceberg, many adolescent mothers do not return to school; they have tuition at home or drop out of the educational system all together. From an educational perspective the respondents’ referral to the Unit had been an advantage as attendance at the Unit was 100%. For many male and female adolescents who are truanting from school they may not be picked up and consequently miss inclusion into formal education (Department of Education and Skills Report on Pupil Absence in Schools in England 2002/3).

For the majority of the respondents termination of pregnancy was not an option, many had concealed their pregnancy and therefore it was too late to consider a termination as the child was be a viable life. The respondents accepted pregnancy as their responsibility. Maternal parents were supportive. Most of the respondents lived with their parents, often in overcrowded conditions. Some of the respondents lived in their own home and some lived with a boyfriend or the father of the child, but they were still supported and relied on their parents. Parents were initially shocked when the found their

daughter was pregnant, but they stood by them regardless. Maternal parents in particular appeared to act as gatekeepers and for some of the respondents ties to the father of the child were broken. The decision to break ties with the father was a “trade off” by respondents to secure the support of parents. Many of the respondents clearly emphasised their reliance on their parents and for some this reliance had precedence over the relationship with the father of the child. Therefore the breaking of ties with the biological father did not explicitly appear to create a hardship for the respondents.

The role of the father of the child was not clear from the data. Some of the respondents still had contact with the father and allowed access to the child, although they were not dependant on the father for support. Some respondents were living with the father and appeared to have a stable relationship. For many of the respondents the father was no longer a part of their lives. The respondents perceived the father of the child as a means of financial support and if the father was not financially stable then he was excluded. As previously discussed many of the respondents opted for the support they received from their parents. Respondents were advised not to name the father when the child’s birth was registered. The reason for this became clear, if the mother was over 16 years old she could claim benefit from the State in her own right. If the father of the child was unknown then the State could not demand that the father support the child financially. Consequently, many of the fathers of the child were afforded no status as a parent. Some of the respondents had boyfriends and it appeared from the data that some boyfriends were happy to assume the role of father even if the child biologically was not their own. The position of the biological fathers did not alter significantly with different respondent experiences. The transient nature of the Unit meant that respondents left and joined at different stages. Although there was some deviation in respondent’s relationships with the biological father, a constant majority of respondents lived with their parents.

Age of Mother

The actions and reactions of the respondents imply that motherhood was not a state that was planned or desired. The respondents were all pregnant

during the ages of 14 and 15 years of age. Some respondents had attempted to conceal the pregnancy, not wanting to inform their parents or face the reality of pregnancy and the impact it would have on their lives. Some parents had suspected pregnancy but did not broach the subject initially with their daughters. All of the respondents reported after the initial shock, their parents had been supported.

Respondent 35 delivered her child 10 days after her 14th birthday. She was 5 months pregnant when the pregnancy was confirmed by her general practitioner. She had guessed she was pregnant but her parents had not and they were initially shocked. She stated, her parents were supportive and stood by her. Respondents 3, 4, 6, 27, 28, 29, 33, and 34, were 15 years old when they became mothers. Their children were now between 3 months and 1 year of age. Respondent 4 did not tell anyone she was pregnant until she was eight months gestation; she concealed the pregnancy. Respondent 27 told her parents she was pregnant when she suspected she was herself. Respondent 29 stated her parents had guessed she was pregnant before she knew herself. Respondent 29 said her parents were upset when pregnancy was confirmed, particularly her father. Respondent 33 was 6 weeks gestation when she discovered she was pregnant. When asked if she was shocked when she found she was pregnant she stated she was but her mother had already guessed and took her to the doctors for a pregnancy test. Respondent 34 said she thought she was pregnant but tried to block it out. She felt she was putting weight on and she had not had a period for four months. When her mother shared her suspicions with her daughter, she took her to the chemist and bought a pregnancy test. She stated her mother was quite calm but she herself was devastated. Respondent 3 stated she got a shock when she found out she was pregnant. She was 12 weeks gestation when the pregnancy was confirmed. She had no contact with her father but her mother was very upset and wanted her daughter to have an abortion. She was adamant she would keep the baby who was now 1 year old and she had no regrets. Respondent 6 was only 3 weeks pregnant when the pregnancy was confirmed. She explained:

"Ah had a miscarriage in the January and then a month later in February ah had missed a period and ah done the test and ah was"

Her parents were not aware of the pregnancy until she was nearly 8 months:

"Me mam found out off me aunt.... and then me mam telt me dad"

She said her mother told her she had suspected she was pregnant but had not said anything. Her parents had known about the miscarriage so they had expected there would be another pregnancy soon afterwards.

Respondents 30, 31 and 36 were pregnant and 15 years old when interviewed. Respondent 30 was 5 months pregnant when she went for a scan to confirm her dates. She felt her parents had reacted well to the pregnancy, better than she had expected them to. Respondent 31 was 4 months pregnant when she guessed. When she informed her parents she stated:

"My dad was all right about it but my mam nearly killed me"

Respondent 36 was 7 months pregnant, the pregnancy was not planned and she had got a shock when it was confirmed. Respondent 23 was 14 years old and 4 months pregnant. She said she did not feel any different with the pregnancy. Her parents were after the initial shock very supportive.

Confirmation of Pregnancy

The age of the respondents when pregnancy was confirmed ranged from 14 to 15 years which resulted in them all becoming mothers between the age of 15 and 16 years. The respondents joined and left the Unit at various times during the year and at various stages of pregnancy. The respondents brought their child to the Unit with them and cared for them as well as followed their individual course of study. The children's ages varied from young babies to toddlers.

Confirmation of pregnancy proved to be a difficult physical and psychological situation for all the respondents. Some of the respondents were happy to

share their experience, others were more reticent. The respondents' individual stories of the ordeal they endured when they suspected pregnancy was not an area that had been fully explored in the focus group interviews. In the individual semi-structured interviews the respondents revealed more of the emotional impact on them with pregnancy. Many of the respondents had suspected they were pregnant but tried to hide the pregnancy from their families and denied the pregnancy to themselves. It was not only the changes to their bodies through early pregnancy that impacted on the respondents. The coming to terms with the pregnancy caused a great deal of stress and anxiety especially when they concealed the pregnancy. Many of the respondents dealt with their fears and anxieties in silence; they were frightened and alone.

Respondent 29 said she missed a period but her mother and father knew she was pregnant before she did, she stated:

"I missed a period, but my mam and dad knew before me.... Just because I never come on when I was due, they said no you are not"

She said after the initial shock her parents were very supportive and they loved her child. Respondent 30 said her parents were a lot better than she thought they would be and offered her their full support. Respondent 31 was 16 weeks gestation when pregnancy was confirmed. She said confirmation of the pregnancy was a shock but she had suspected she was pregnant. She stated:

"Well I knew before it was even my next period and I told my mum and she said well if you miss we will go to the clinic for tests. So I had a test"

Respondent 32 revealed she was shocked when she realised she was pregnant especially after she had just recovered from a miscarriage the month previously. She stated there were twins in both her and her boyfriend's families. The twin pregnancy had not been diagnosed when she had the miscarriage. She did not discuss how she felt following the miscarriage but she was happy with the pregnancy. She said her parents had been initially shocked but were now very supportive.

When asked how she felt when she became pregnant, respondent 33 responded:

“Ah was shocked like but ah don’t know. Ah was with my friend and you know in ASDA? I got a pregnancy test and I took it to the toilets there and my boyfriend was waiting outside in the car. I was crying a lot and like my mam said to me when I got in, “you’re pregnant” and I said I am not. That was the day I found out and she kept telling me I was pregnant and I was going to have a little girl. Then the next day she bought me a test and then I had to go to the doctors”

Although her mother was initially upset she said she had suspected the pregnancy. They decided not to tell her father because he was living in Scotland. When her mother telephoned her father in Scotland she said he had suspected she was pregnant.

When respondent 34 was asked when she discovered she was pregnant, she said she was four months when pregnancy was confirmed. It was her mother who initially confirmed the pregnancy. She admitted that she also thought she was pregnant but was denying it to herself. She did feel better when her mother confronted her and told her she was pregnant. She felt that it was a relief and she could stop hiding her feelings and attempts to deny the pregnancy to herself. Her mother was quite calm when the pregnancy was openly discussed but she stated she cried for three days. Her mother’s calmness allowed her to express her grief at the realisation that she was probably pregnant and it was no longer a secret. Her mother took her to the chemist to purchase a pregnancy test. The test confirmed the pregnancy and both she and her mother began adjusting to the pregnancy and preparing for the child.

Respondent 35 had her child ten days after her fourteenth birthday. She said she got a shock when pregnancy was confirmed. When asked about discovering she was pregnant, she responded:

“Ah don’t know, ah just felt different and ah telt me GP and he made ‘is take a pregnancy test and it was positive... I was nearly five months pregnant”

She stated she had guessed she was pregnant but did not want to face it; she was frightened. She told her parents herself and they had not suspected. They were shocked but they stood by her.

Respondent 3 got a shock when she found out she was pregnant. She was approximately 12 weeks gestation when she suspected pregnancy as she had been suffering from morning sickness. She had no contact with her father and lived with her mother. When she told her mother, her mother told her she wanted her to have an abortion. She was adamant she wanted to keep the baby and refused to have an abortion. Her mother respected her decision and stood by her during the pregnancy and the birth of the baby.

Respondent 6 was only 2 to 3 weeks pregnant when she suspected which is quite surprising, as she had not even missed a period. She felt she had insight into the signs of pregnancy because she had had a miscarriage the month before and had unprotected intercourse following this so she suspected she would be pregnant. She was right she was pregnant but she still felt it was a shock. When asked if the pregnancy was planned, particularly following a miscarriage she said no. Even though pregnancy was confirmed at an early stage she did not tell her parents until she was almost 8 months gestation. When asked how she kept the pregnancy secret from her parents she responded:

"I was always wearing baggy tops and it came to the time when ah started needing stuff and me mam found out off me aunt and then me mam telt me dad"

Respondent 6 said her mother had known all along but had not said anything. Her parents had known about the miscarriage and had suspected there would be another pregnancy in the future. She had a stable relationship with her boyfriend who has stood by her during the miscarriage and subsequent successful pregnancy.

Respondent 36 was shocked when she found she was pregnant and was reluctant to talk about it. She said she had not planned the pregnancy but did

not expand on this statement other than to say:

"I am alright now, a've got over it now"

When asked if she had been supported she said yes.

At the time of the semi-structured interviews Respondent 23 was 14 years old and four months pregnant with an unplanned pregnancy. The pregnancy had just been confirmed and she was still coming to terms with the changes.

When asked if her family had been supported she responded:

"Well at first they didn't want to know but now they are dead supportive about it"

For most of the respondents pregnancy was unplanned. It was clear throughout all the methodological approaches the majority of the respondents had not considered contraception. With the exception of two respondents who reported using the contraception pill, the majority of the respondents had engaged in unprotected sex. However many of the respondents reported being shocked when pregnancy was confirmed, even though they were aware of the risks of their sexual activities. .

Maturity

The majority of the respondents felt they had matured since having the baby. Actually having the baby and becoming a mother for the respondents signposted their maturity. The baby brought feelings of responsibility to the respondents' lives. They respondents were aware of the status of motherhood and this influenced their feelings of being mature and responsible. The Pupil Referral Unit reinforced their status as mothers, being specifically designed for this purpose. Within the Unit the respondents interacted and compared their experiences of being mothers. Through their interaction and sharing of common experiences they reinforced their belief that as mothers they were responsible and mature because they now had a child.

Those respondents interviewed that were pregnant reacted differently to those

respondents who were mothers. Those respondents who were pregnant could not envisage the feelings of responsibility because they could not see the baby. In the early stages of pregnancy they felt their thoughts and attitudes had not changed. However they were aware of changes to their bodies. As pregnancy progressed and body image changed then they perceived themselves maturing, getting ready for the baby. When the physical signs of pregnancy appeared or when the baby was born, then emotionally the respondents related this to accepting their responsibility and reinforcing their status as mothers. For all of the respondents being a mother was related to maturity. Maturity for the respondents meant taking responsibility for a child. However, their perceived maturity also influenced how the respondents reacted to pre-pregnancy friends whom they considered immature. For many of the respondents maturity meant not socialising as they used. Maturity also meant putting the child's needs first.

When asked if she had matured since having the baby Respondent 4 said:

"I feel much more responsible and things like that"

Respondent 4 related maturity to mothering and caring for her baby, specifically being responsible for the child's physical care. Respondent 27 felt she had matured and her comments focused upon evidence of her status as a mother.

"Well I have my house now"

She knew that becoming a mother meant that life was going to be different for her. She thought that even though she was completing her education her life was different and more responsible than the lives of her friends who were not pregnant.

"Well I have nearly finished my GCSEs which would have happened any way. I think once I have left school it is not going to be the same as my other friends who are at normal school because they will be getting jobs or going to college, and you know, I will not be doing that"

Respondent 28 felt she had matured since having the baby. She perceived

motherhood as hard work and it was difficult not being able to see her friends. When she first had the baby she said she had no social life, but as the child has got older she had started to go out. She had a boyfriend who was not the father of the child but she thought he loved the child as if was his own. Her boyfriend was older, which also added to her feeling of maturity and settling down into a family life.

Respondent 29 lived at home with her parents and the baby. In addition she had four brothers and a cousin who also lived in the parental home. Although her parents were supportive she wanted to move out with the baby and get her own house. She thought her parents treated her like a child. She stated she has matured since having the baby. Having the child had made her feel much older. She no longer saw the friends she had before she was pregnant; she has nothing in common with them. She enjoyed motherhood but felt there was a great deal of responsibility, a responsibility she often resented.

Respondent 30 was 20 weeks pregnant and for her life had not changed apart from moving from traditional school to the Pupil Referral Unit. She knew as her pregnancy progressed there would be changes to her life. She was looking forward to having the baby and becoming a mother and acquiring her status as a mother. The move to the Pupil Referral Unit was significant in that she was now recognised as a mother.

Respondent 31 was 20 weeks pregnant. She felt she had not changed with the pregnancy as yet but thought once she became a mother she would become more responsible. She had not begun preparations for the baby and this did cause her any stress. She knew she had her mother to help her. She was looking forward to motherhood but skeptical regarding the responsibilities that accompany motherhood and the inevitable changes to her life.

Respondent 32 was also 20 weeks pregnant but she felt her life had changed with pregnancy. She felt she had matured and become more responsible. She said her friends had stood by her and in fact many of her friends were also mothers so they shared their experiences with her.

Respondent 33 felt she had matured but this was not directly related to pregnancy and motherhood. Her parents' marriage had broken down and this she felt had enforced maturity. Her mother won custody of both her sister and herself. Her mother had remarried but she stated there were problems with her stepfather, which she would not expand upon. She preferred not to think of her home environment and concentrated on school and her responsibilities to her baby.

"Ah just wasn't bothered about school or anything like that, but when I started coming here ah realised ah have to get a job, ah have to get my GCSEs so ah can get a job for the baby, so ah grew up in that sense. Ah know that ah have got responsibilities and that now. I can not go out all the time, but it doesn't bother me"

Respondent 34 lived at home with her parents and her child. She felt her parents spoilt her and provided everything for the child and herself. She felt motherhood was hard work but she received a lot of support from her parents. She was aware she had matured with motherhood but life was easier for her than some of her friends. Her parents looked after the child a lot so she was free to go out.

When asked if she felt she had matured being a mother, Respondent 36 stated,

"Ah feel like I am thirty"

Respondents 36 felt that she has a good relationship with her parents but this had changed since she had the baby. Her parents were different towards her; she was no longer a child. She felt she was missing out on life, missing her social life and most of all she felt she was missing her education. She had lost the freedom to choose. Maturity for her was restrictions on her life and having to accept them.

"You can't just get up and go somewhere. You have to worry about the baby"

Respondent 3 felt she had matured since having the baby, establishing a home and maintaining a stable relationship with her boyfriend who was the father of the child who had stood by her. She commented,

“Its just when I look back at my old school friends they all still go drinking on the streets and be stupid and I think Oh God”.

Like the other respondents respondent 6 felt she had grown up and matured since having the baby:

“Ah feel more responsible for things. Ah thought it would be dead easy, just picking him up, feeding him and that, but it’s not”

Respondent 36 is 28 weeks pregnant and becoming aware of the growing responsibilities of motherhood. Although she did not discuss maturity she felt that she was becoming more responsible in thinking about the baby, she was attempting to stop smoking and drinking.

For respondent 23 who was 16 weeks pregnant life had not changed, she still went out with her friends and no one noticed she was pregnant. If no one noticed she was pregnant then there was no need to mature until she had to. Again this links respondents’ ideas of maturity to acquisition of responsibility and becoming a mother. To be a mother for the respondents was to be seen as responsible.

What appears clear from the respondents’ comments is during the latter stages of pregnancy and the delivery of the child they changed. They assumed responsibility for the child and made changes to their lives. Change like responsibility appeared to be linked to their perception of maturity. Maternal age was also a contributing factor for the respondents, with motherhood they felt older. The respondents did not refer to their actual age, this did not appear to be an issue. With motherhood the respondents felt they had matured and were older. Motherhood had cause an aging which was not related to years it was related to the respondents’ body changes and their feelings of maturity. The Pupil Referral Unit reinforced their status as

mothers. All respondents at the Unit were mothers, either pregnant or having delivered their child.

The respondents commented their lives had changed since having the baby. The respondents did not describe what they thought maturity actually was. For them being a mother and taking responsibility for the care of a child meant at the most basic level they were mature and they used comparisons with their pre-pregnant friends to reinforce this.

Perceptions of maturity were multi faceted and related not only to the responsibility of caring for a child but also the status attached to motherhood by society. For those respondents who had their own living accommodation this was explicit evidence of their maturity. They were responsible mothers capable of independent living and supporting their child.

The notion of maturity is a dominant theme for all of the respondents but emphasis is firmly placed on the physical aspects of being responsible. Although the respondents perceived themselves to be mature there were aspects of their pre-pregnancy lives they missed. They also found that aspects of maturity and responsibility associated with motherhood were hard work.

Responsibility of Caring for a Child

A number of the respondents had younger brothers and sisters. They were experienced in caring for younger siblings and therefore felt confident in their abilities to physically care for a baby.

Having a baby at 15 was hard work for respondent 4; she recognised she received a lot of help mainly from her mother and her sister. She was used to having other children in the family so was comfortable with children.

Respondent 27 knew having a child was a great deal of responsibility she stated:

"Yes, it is hard sometimes to think that you have this little thing that relies on you for every single thing. Sometimes I wonder what it would be like if I didn't have him but I always think I would have preferred to have him. Even now I still think, you know, when I get annoyed and that and he is screaming, I think I would rather have him"

She felt she could not imagine life without her child. She recognised that having a child at 15 had advantages but she felt it was too young:

"Well, when I am 26 he will be about 10. You know when he is about 10 he will be doing things for himself a lot so I will still be able to have a life myself and I will only be 26. In lots of ways I think it is better having them young, though obviously not this young, about 19 or 20. It is good in a way to have them younger and then you can have more of a life and you are not too old to look after them, because some people you know in their 30s', I think it is too old. I mean they are grandparents. My mother is 50 now, and if I did not have him until I was in my 30s', she might not even be here"

Respondent 28 stated her mother helped her with childcare at weekends, but in general she cared for the child. She lived at home with her mother and did everything in the home apart from the ironing, which her mother did.

Respondent 29 stated she was responsible for the care of her child. She took the child to the Unit everyday where she met and socialised with the other respondents. She had decided to breast-feed but was unsuccessful and so she bottle-fed the child. The fact that she did not succeed with breast-feeding did not seem to affect her but she appeared to be proud of the fact she had attempted to breast-feed.

Respondent 30's mother had offered to give her a hand in the care of her child but she felt she was experienced in caring for a child as she had looked after her niece since she was one week old. She had a brother and sister who did not live with her parents, so she was the only child at home. She was happy living with her parents and they had been fine about the baby as long as she took responsibility for caring for the child.

Respondent 31 recognised having a baby was going to be hard work. She had some experience in caring for children; she had helped her mother care for her young sister who was now seven years old. On reflection although

she felt skilled in caring for a child she was not looking forward to caring for her own child. She thought her mother and her boyfriend would probably help. When interviewed she was pregnant, she could not think of life as a mother and therefore was undertaking no preparation for the child. Respondent 31 was reluctant to discuss preparation for the baby.

Respondent 32 felt her life would not change too much when she had the baby, although she had not given a great deal of thought to motherhood as she was only four months pregnant. She said her father and her boyfriend's parents would help to look after the child. She felt caring for a baby would be a great deal of responsibility but she would bring the child to the Unit with her each day.

Respondent 33 felt she had managed well with motherhood. She spoke of her child with a sense of pride, saying she was a quiet baby and caring for her had not been as bad as she had expected. She compared her child's development with other children within the Unit. She felt her child was more advanced having been the youngest to crawl and then walk.

Respondent 34 lived at home with her parents and she felt her parents spoilt both her and the child. She liked being a mother, she stated,

"Yea, it's good, but if ah has a wingey baby... but she has slept right through and she hardly ever cries....from the day she was born"

When asked what it was like to be a mother Respondent 35 said:

"It's hard, it's dead hard"

She stated she had total responsibility for the care of her child, although sometimes when she was tired her mother would help her. She had an arrangement with her mother, who looked after the child two nights per week to allow her to rest.

When asked about the responsibility of caring for a child Respondent 3 stated:

"I think it's hard. Well in saying that he's been, well like since he started walking he's been excellent 'cause he couldn't crawl like he couldn't do anything, he would just sit and cry all the time 'cause he couldn't get around. Since he has been walking he has been excellent and I have felt it has been a lot easier. Before then I couldn't cope"

For Respondent 3 motherhood became easier as the child got older. Once the child became mobile and able to walk in many ways she felt that total dependence on her had reduced.

Respondent 6 had felt prepared to become a mother but she knew as well as her feeling of readiness finance was going to be a big issue. She felt she had proved she was a good mother and her parents had positively reinforced this. Her parents, she said, were proud of her.

Respondent 36 felt she would be able to manage when she became a mother, she was seven months pregnant and preparation was well underway. She had support from her family and friends who were used to caring for babies.

Respondent 23 was four months pregnant but she had given a great deal of thought to motherhood. She thought she could manage by herself with the help of her family who she knew were very supportive:

"And me mam says she will help as much as she can. And me Grandma is retiring, she says if ah want to come to her house some days when ah've had it she'll look after the baby so ah can get more work done"

Most of the respondents had assumed responsibility for the care of their child. Many had experience in caring for children although there was recognition that it was different with their own child. The respondents did receive support from family members. They were accepting of their maternal responsibility although there was a general recognition that motherhood was hard work. Caring for the child appeared to focus on the physical care; there was little discussion of emotional care.

Relationships with friends

Relationships with friends played a significant role in the respondents' feelings of maturity. Many of the respondents had lost contact with their pre-pregnancy friends, the main reason for this being motherhood and feelings they had nothing in common with their friends since becoming mothers. For some of the respondents attendance at the Pupil Referral Unit had resulted in losing touch with friends.

When questioned about friendships respondent 4 stated that she did not see her pre-pregnancy friends. Losing contact with friends did not only centre on becoming a mother; she had gone to school in another part of the country. When asked if she had made friends with the other respondents in the Unit she responded:

"I do not see them outside the Unit"

Many of the respondents did socialise outside of the Unit, but Respondent 4 had a stable relationship with the father of the child. This relationship had contributed to her isolation from the other respondents outside of school hours. As a mother and partner she took responsibility for maintaining the home and caring for her child as well as looking after her two nieces. She felt she had a full time job. Her boyfriend worked in a restaurant and worked most evenings. She stated,

"I used to go out all the time but I can not get out now"

Respondent 27, when asked about her friends commented,

"I do not see my friends from my old school as much. I see them every so often but not all the time and in a way I would not want to see them all the time because I feel different now. They talk about different things and they think about different things. They are going drinking and doing whatever every other night and I sit in with the baby. I have been out twice since I had him, it was a bit of a laugh, but it is not the same".

Respondent 27 like many of the other respondents felt her social life had changed since having the baby. She felt she had nothing in common with her friends. She felt responsible and mature and they were not. Her friends she

said did stupid things,

"In a way I am glad it is the way it is because I think the way some of them are going, doing really stupid things. I think that if I did not have him I would be doing the same. I mean some of them are going to end up like me the way they are going"

Her friends being in the same position as herself as adolescent mothers was undesirable. She felt she had moved on from the beliefs and values that she had shared with her friends, being a mother had influenced her attitude toward her own life. She felt she had put her friends "off" having children of their own

"They have seen how hard it is because they have seen when he has been wingeing.... I think it has put them off having kids"

When asked about friends, Respondent 28 said apart from the other respondents in the Unit she only had one friend whom she had known since she was a child. She commented about her previous friends:

"You know it is dead intimidating like when I ring them up on the 'phone I feel nervous and that and I don't know what to say to them".

Her friend since childhood was now also a mother, but she was quite critical of her friend as a mother,

"She just sees it in a different way to I do. She is just sitting at home with the baby and she is getting a flat and that and lives by herself. I don't see it that way. I want to have a good education and get a job so that I have just more than growing up in just a council flat"

Respondent 28's comments regarding her friend highlighted differences between mothers. Not all adolescent mothers have the opportunity to attend a Pupil Referral Unit and even though the common bond is motherhood circumstances can make life and experiences very different. Within the Unit the mother interact and share common experiences, they display common behaviours. Having a child without a group of peers can impact on the experiences of motherhood.

Respondent 31 stated she did not have any friends and therefore did not

socialise. She had only recently moved house with her mother and she was not happy, she did not like her new house. She enjoyed her previous house and had friends there. She had also attended another Pupil Referral Unit, which, she liked and had made friends with the other mothers. Respondent 32 also had moved house. She still had her friends who had stood by her but she did not see them very often since moving house.

When asked about her friends, Respondent 33 said:

"Well I had my friend with me when I found out I was pregnant. Well we had been best friends for years. We were dead close and everything. As soon as ah was pregnant she just stopped bothering with me, you know what I mean? When ah had the bairn all me other friends from my old school used to come round and now I don't bother with them".

She had made friends with the other respondents in the Unit and felt that loosing touch with her old friends was their loss not hers.

Respondent 34 felt her social life was quite good, she went out with her friends but she did not drink alcohol. She still maintained some contact with her friends, with one in particular:

"I have got a friend who ah have been to school since nursery. She has had a baby, a little girl. She's like the only one ah really knew before I came to this school"

Her friend used to attend the Pupil Referral Unit but she did not like it and left. Respondent 34 does like the Unit but does not socialise with any of the respondents outside of school. The only close friend she talked about was also an adolescent mother.

Respondent 35 stated she still had a social life and went out two nights per week with her friends. When asked if she kept in touch with her pre-pregnant friends, she responded:

"Not really, there are two friends who ah went to primary school with, most them ah just lost touch with when ah fell pregnant"

Although she had lost touch with most of her old friends she did socialise with

the respondents in the Unit, she said:

"I suppose its easier coming here because everyone's in the same situation. They're young and having a baby, where at school you'd feel out of place"

She knew she had something in common with the other respondents and she did not feel out of place at the Unit.

Respondent 3 felt she had matured since having a baby and this maturity had meant that she had little in common with her old friends. When asked if she had any regrets she commented,

"Well if ah could turn the clock back ah would and wait until later on in life"

She regretted her maturity and motherhood; she missed her contemporaries although she was critical of their behaviour. She did not see many of her old friends but she made friends amongst the respondents and socialised with them outside the Unit. Socialising for respondent 3 was now going to other respondents' homes and them coming to visit her. She is one of the few respondents to have her own flat. She was happy to for the respondents to use her flat as a base to socialise. She also lived with her boyfriend and commented he also did not socialise very much as he had the responsibility of fatherhood.

Respondent 6 stated she did not have a social life but this did not upset her because she had never gone out much. She had a few friends whom she saw now and again. She had not liked traditional school and did not attend; she therefore did not develop friendships.

Respondent 36 had not seen much of her friends since becoming pregnant. She explained she did not go out much because she was too tired. She had made friends with the other respondents in the Unit but did not socialise with them outside of the Unit.

Respondent 23 did not really see much of her pre pregnant friends but she had made lots of new friends in the Unit with whom she socialised. She also

had a cousin who had a baby when she was 15 years old. She felt close to her cousin because she would also be a mother at 15 years of age and therefore they had a lot in common.

In general the respondents all agreed their lives had changed with motherhood and attendance at the Pupil Referral Unit. A number of reasons were presented by the respondents to support the changes to their lives; however they all centered on their position as mothers. The responsibilities they assumed, their reliance on their families for support, finance and care of the child placed restrictions on the lives. The respondents did not appear to resent motherhood. There seemed to be a sense of acceptance of their position, however they also recognised their lives had changed significantly. This included loss of pre-pregnancy friends and the social lives they were used to. Many of the respondents socialized with friends at the Unit. They felt they had a common bond, motherhood. Many of the respondents had responsibilities for caring for siblings or helping their own mothers with chores in the house if they were living at home. Those respondents who had their own accommodation had the responsibility of caring for their homes and had little time to socialise.

Socialising with friends for the majority of the respondents' meant the interaction they had with each other on a daily basis. Looking after a child was hard work and the respondents did not get out much in the evening unless they could arrange childcare. Those respondents who lived with their parents also reported having responsibilities at home including caring for siblings. Maternal parents tended to be in full time work and therefore not always available to care for the child to allow the mother time to socialise with friends.

The respondents in the main seemed to accept their position. The respondents commented that with motherhood had come a change of priorities even if the pregnancy was unplanned. The respondents acknowledged that caring for a child was a great deal of responsibility and left them little time for themselves. The respondents accepted the responsibility

as a mother and this was a priority. However the respondents recognised they need support to effectively fulfil their maternal role. This support came from friendships with their peer at the Unit as well as their families, in particular their mother.

Relationships with the Biological Father

A variety of experiences were recounted regarding biological fathers and their relationships with mother and child. Responses reflected the findings from the focus group interviews. However a significant number of the respondents who participated in the semi-structured interviews had not contributed to the focus group interviews (appendix 1). A minority of the respondents had maintained a relationship with the biological father. Many of the respondents had no relationship with the biological father, pregnancy was the result of a one night stand or maternal parents had been instrumental in advising that the relationships should be terminated. Some respondents stated they had no idea who the father of the child was. Some respondents knew the identity of the biological father, but the father had denied paternity. One respondent knew the father, who was in his thirties and already married. He had denied paternity and would have nothing to do with the mother or the child.

Respondent 32 stated that the biological father was very supportive during the pregnancy and following the birth of the child and their relationship was stable. Respondent 27 classed her two-year relationship with the father of the child as stable.

Finance was an issue for those respondents maintaining a stable relationship with the father of the child. Respondent 3 had been with her partner for over two years. They were setting up home together but he was unemployed and they were managing on child benefit and job seekers allowance. The reality of having to juggle finances was proving difficult.

“You don’t think of all the little things. When you are getting things for the house it is just the stupid little things like a washing up dish. Every little thing costs money and once you have worked out all the money you have spent on carpets and decorating it is a hell of a lot of money”

The respondents did not explore the role of fathers in great depth. A range of reasons appear to be linked to the respondents' limited comments regarding the father of the child, including:

- The majority of the respondents were reliant upon their parents for support and had no relationship with the father of the child
- The majority of the fathers were older with a minority significantly older.
- The mother perceived the care for the child as their responsibility
- If the father was unable to provide financially for the child then in many cases access to the child was denied

A range of individual experiences were identified by the respondents that centered upon the father's role as being a supporter and provider. Evidence from the three methodological approaches demonstrated a limited number of variations in experiences regarding the biological father. A minority of respondents had maintained the relationship with the biological father and were establishing long term stability for themselves and their child. Finance was an issue as a number of the fathers were unemployed. The majority of the respondents within the study lived with their parents and had no relationship with the father of the child. A number of respondents had not disclosed the identity of the father or stated they did not know who the father was. On occasion the respondents' mothers were instrumental in ensuring the biological father did not continue relationships with the respondents and lost contact with the child.

The majority of the biological fathers were older than the respondents. A minority of fathers were significantly older and already within an established relationships. One respondent commented she had lied about her age and the father was concerned because of issue of sex with a minor.

Summary

It is apparent from the semi structured interview data that the respondents'

struggle with many aspects of motherhood. Motherhood is difficult but they all appear to be accepting their responsibilities. The respondents rely on the family, peers and the Pupil Referral Unit for support. In a minority of cases the respondents received support from the biological father. The respondents focus upon the physical attributes in caring for the child. However the semi-structured interviews, unlike the observation period and focus group interviews revealed the range of emotional reactions the respondents experienced including denial, isolation, anger and acceptance.

Society considers adolescent motherhood to be problematic because young mothers do not have the skill or resource to care for a child. However, regardless of this perception adolescent mothers are expected to aspire to the role of mother and are scrutinized for their effectiveness. Many of the respondents are skilled in caring for siblings and have little problem in adapting to the physical care of their child. From the data there was little evidence of the development of an emotional bond between respondent and child. Emotional reactions were evident within the semi-structured interviews but these centered on the respondent not the relationship with the child. The respondents are able to care for their child but need support for the emotional impact of motherhood on their lives.

The respondents relate having a child as a right of passage to maturity. The majority of the respondents have aspired to the status of motherhood unconditionally even if the pregnancy was unplanned. The respondents fully accept the responsibility of motherhood and are able to provide the physical care and nurture their child. However they are ill prepared for the realities that motherhood brings to their lives.

The respondents have adapted to the physical role of mother and this is reinforced through their peer in the Pupil Referral Unit and their families. The respondents have aspirations for their future, the aspirations that perhaps mirror the hopes and dreams of their non-pregnant contemporaries. From the respondents' comments it appears with motherhood has come a suppression of their individuality and an acceptance of "their lot".

The data explored through the observation period, focus groups and semi structured interviews has provided an insight into the lives, needs and experiences of the 36 respondents. The data thus far has explored the impact of pregnancy from the respondents' perspective and has attempted to recognise the coping strategies the respondents have employed in dealing with caring for a child in a society where adolescent motherhood is perceived as undesirable.

Although the findings from this study are not generalisable findings are significant. The Pupil Referral Unit principally provided for the 36 respondents peer support. The study has demonstrated how peer support influenced the respondents' ability to cope and adapt to motherhood. The respondents relied on each other for advice and support and their daily attendance at the Unit proved a central structure to their lives.

A strength of this study has been the clear identification of the categories, themes, lines of enquiry and opposing dimensions that have emerged from the data. Within this chapter these themes and dimensions have been explored in greater depth. Through the use of grounded theory methodology the experiences and needs of this group of adolescent mothers are highlighted. The respondents shared common experiences and these have been presented within this chapter. The respondents' individual experiences are recorded within appendix 3.

Reflections on the Presentation of the Study Data

The themes, lines of enquiry and dimensions that have emerged from the data have been presented within each of the three methodological approaches. Reasons for presenting the data in this style were articulated in the introduction and focused primarily on the transient nature of the 36 respondents. Anticipation of a variety of responses from an ever-changing study population was not realised. Similarity in the respondents' social, economic and ethnic profile resulted in similarities in experiences of pregnancy and motherhood.

Themes and lines of enquiry remained consistent through the stages of the study. It is argued the consistency of responses added rigor to the mythological approaches. As the study progressed responses became more detailed. The semi-structured interviews facilitated the respondents recounting their individual experiences which added further richness to the data. The semi-structured interviews also revealed an additional dimension that had not been explicit present within the observation period and focus group interviews. This dimension was respondents' emotional reactions to the impact pregnancy and motherhood had upon their lives.

On reflection there are strengths in the data presentation with separate chapters for each methodological approach. Progression can be seen as well as depth of response. The creation of an additional dimension was also seen to emerge from the semi-structured interview. The use of the reflective diary throughout the study captured the mood of respondents and the context of the Pupil Referral Unit. However, this approach has led to a degree of repetition throughout the chapters. Themes and lines of enquiry have remained constant throughout the study regardless of the change in respondents. It is argued the emerging themes could have formed the basis of the analysis with contribution to each theme from the methodological approaches. To clarify this approach an example is useful. The role of the biological father could have formed a central theme with a substantive discussion supported by the data from the three methodological approaches. This form of presentation would reduce repetition and ensure the central themes are dominant and discussion robust.

To ensure the themes are not lost through the presentation of the data, chapter 7 and the conclusion will draw together the central issues that have emerged from the study.

Conclusion

Within Chapter 7 the data will be revisited with further consideration of the respondents' emotional reactions to pregnancy and motherhood. With the

application of a conceptual model based on the work of Kubler-Ross (1970) these reactions will be further explored. The application of a conceptual model and consideration of other theoretical approaches including Reciprocity, Coping Strategy and Social Relations Analysis (Stemmler and Petersen 1999, Ross et al 2005) will assist in the consideration of the position of adolescent mothers. It is not clear if the experiences and needs of adolescent mothers are similar to those of other mothers from similar backgrounds and social circumstances or if there is difference. This study does not provide a substantive knowledge base in order to determine a definitive position regarding adolescent motherhood. With the application of a conceptual model consideration can be given to the further development of a theory of adolescent motherhood as distinct from the existing theories of motherhood.

Chapter 7 – A Conceptual Model to Explore Emotional Reactions to Adaptation to Motherhood

Introduction

A qualitative approach has facilitated the exploration of the experiences of adolescent motherhood for 36 adolescent mothers who were attended a Pupil Referral Unit in the North East of England. The methodological framework comprised a three-month observation period using a reflective diary to document observations of and communications with the 36 respondents and unit teachers. Advice from the head teacher to spend a period of observation at the unit at the outset of the study proved beneficial. Gradually throughout the observation period, the respondents began to accept the researcher and feel comfortable with this presence. The reflective diary was continued throughout the study and served a useful purpose in adding an environmental context to both the focus group and semi-structured interviews.

Data collected from the observation period followed by the five focus group interviews revealed a range of themes and categories that reflected the recounted experiences of motherhood for the 36 respondents including socio-economic situation, educational experiences, the role of the father of the child, the role of boyfriends, reliance upon the state and support from family and peers. The respondents were aware of the general prevailing negative perception of adolescent motherhood and had experienced stigmatisation. Individual respondents shared stories of experiences they had been exposed to including interviews with social services regarding care of their child when a complaint had been received there was a perception they lacked the maturity to care for a child. The themes and categories that emerged from the data were further analysed and a range of opposing and overlapping dimensions identified. The dimensions created a tension for the respondents, as often they felt restricted by the opposing dimensions as they struggled with their personal circumstances as well as caring for their child. The dimensions included:

- Maturity versus immaturity

- Caring for a child versus being cared for
- Responsibility versus freedom
- Fatherhood versus motherhood
- Dependence versus independence
- Aspirations versus acceptance

The final methodological approach, the semi-structured interviews provided an opportunity for the respondents to describe their individual experiences of motherhood. Whilst each respondent's experience was an individual account (presented in Appendix 3), shared experiences emerged from the data, which supported and expanded upon the lines of enquiry, categories and dimensions previously identified within the observation period and focus group interviews. The semi-structured interviews provided a deeper insight into the respondents' experiences of and reactions to motherhood and the coping strategies they employed. Each interview was transcribed and the data analysed following the grounded theory technique advocate by Strauss and Corbin (1990) and Glaser (1998). The capacity of the Pupil Referral Unit was 36 mothers and for the duration of the study, the number of mothers remained constant although mothers joined and left the unit as compulsory education was completed. The unit did not function on a cohort basis as each mother progressed at an individual pace supported by the unit teachers. Following completion of 14 semi-structured interviews and analysis of the data similarities in experience and response emerged and acknowledged by Glaser (1998) as data saturation. When data saturation became evident (interview 14), the semi-structured interviews were concluded. The shared experiences identified within the individual semi-structured interview data included:

- Too young to be a mother
- The responsibility of caring for a child and becoming a mother
- Stigmatisation
- Relationships with friends
- A loss of freedom

- Relationships with parents
- Relationship with the biological father
- Dependence on the family for support
- Dependence on the state for financial support
- A desire for financial independence
- Plans and aspirations for the future

With completion of the methodological approaches, the data was further analysed. With the addition of the individual semi-structured interview data, it became evident that much of what the respondents described when sharing their individual accounts was their emotional reactions to the situations they faced. The respondents reported that their peers within the unit, the unit teachers, and their families offered support but outside of this circle of peers and family support, they faced negative comments and attitudes toward adolescent motherhood. They recounted issues they faced over their status as young and dependant mothers incapable of adequately caring for a child and the constant judgement of their mothering skills. The negative perceptions of adolescent motherhood they experienced prompted a range of responses from the respondents. Emotional reactions to the situations experienced emerged from the data with evidence of denial, isolation, anger, bargaining, and acceptance. The methodological approaches were purposeful in describing the respondents' reactions to motherhood and the coping mechanisms they employed. The semi-structured interviews whilst reinforcing the themes, lines of enquiry and dimensions that emerged from the observation period and focus group interviews highlighted the respondents' emotional responses. The individual semi-structured interviews offered the respondents the opportunity to share their experiences in confidence and describe the emotional impact.

Consideration of a Conceptual Model

Fawcett (1989), Reihl-Sisca (1989) and Pearson et al (1996) advocate the use of conceptual models as they can provide a structured framework for analysing data and evidence. Fawcett (1989) argues that a conceptual model

can provide a systematic structure in which data can be organised and presented (Fawcett 1989). Conceptual models can give direction when identifying those issues that are significant from those that have lesser relevance. A conceptual model is an abstract; however, it can provide a vehicle for analysing the phases of an adaptive process (Reihl-Sisca 1989). Advocates of conceptual frameworks advise caution in the application of a conceptual model (Pearson et al 1996, Reihl-Sisca 1989). This caution centres on the recognition that the model is an abstract concept, useful only as a tool to support an analysis process. Data should not be ordered to fit a conceptual model; the model should provide a flexible framework that is structured by the data (Fawcett 1989, Pearson et al 1996). The most useful aspect of a conceptual model argues Pearson et al (1996) is that the model can be the precursor to the development of theory. There are a number of theoretical approaches regarding the position of women and the role of mother (Arendell 2003, Benn 1998, Chadorow 1985, Fildes 1990, Lawson and Rhode 1993, Riddick 1993, Oakley 1985); however, it is not clear if the position of the adolescent mother is explicitly reflected within these theoretical approaches. The data generated from this qualitative study does not provide a robust evidence base that would substantiate the consideration of a new theoretical approach regarding the position of the adolescent mother. However, a conceptual model can assist in highlighting differences and similarities (Reihl-Sisca 1989). The development of a flexible conceptual model can support the analysis of the experiences of respondents and support the identification of similarities and difference in experience. Caution is essential not to categorise experiences or determine a theoretical position that cannot be substantiated by the data (Fawcett 1989).

An example of a conceptual model or framework derived from a psychological approach is the Kubler-Ross Model of Death and Dying (1970). This model identifies the phases or stages of the emotional reaction to death and dying. Even though Kubler-Ross developed a model that explored the emotional response to death and dying further exploration of Kubler-Ross's analysis revealed responses were not exclusive to death and dying and could be identified in a range of life crisis events to a greater or lesser degree. Whilst

ensuring that caution was exercised (Fawcett 1989, Reihl-Sisca 1989, Pearson et al 1996), evidence suggested similarities in emotional response were apparent between individuals facing the crisis of death and the respondents within this study adapting to motherhood. It is argued that recognised emotional responses can be applied to a range of life events. Kubler-Ross (1970) supported the generic nature of emotional response and these responses comprise the stages or phases of the model. The phases include anger, denial, isolation, bargaining, and acceptance.

Exploration of the Kubler–Ross model of death and dying (1970) was useful in the recognition of the emotional reactions demonstrated by the 36 respondents in this study in a process of adaptation to motherhood. The model provided insight and explanation of the emotional reactions experienced in a crisis and coping mechanism employed.

The Kubler-Ross Conceptual Model of Death and Dying

Elizabeth Kubler-Ross (1970), a Swiss-born psychiatrist, has popularised the field of thanatology, or death and dying, as a subject for general social commentary. Kubler-Ross's theory is predicated on the human reaction to death, which concluded that many human beings in modern society are not explicitly prepared for death. With the application of a conceptual model Kubler –Ross documents the process that individuals and their families move through to enable them to understand and prepare for death and dying. This conceptual model has been widely adapted in health and social care enabling practitioners to support patients and their families to understand and finally accept death. The Kubler-Ross approach is referred to as the “stages of dying” or “stages of grief model”. Kubler-Ross (1970) identified five stages or phases an individual can move through until death is recognised and accepted. The five stages of the model are:

1. Denial and isolation
2. Anger
3. Bargaining
4. Depression

5. Acceptance

(Kubler-Ross, 1970)

Kubler-Ross (1970) argues western society has not come to terms with death and dying therefore preparation for and the acceptance of death for many individuals proved to be a difficult experience. Circumstances surrounding an individual's death differed but there were commonalities in emotional reaction. Many patients when faced with the prospect of a terminal illness had time to prepare for death and move through the five phases. However, Kubler-Ross (1970) advises some patients may not have or may not want time to prepare for death, as they cannot accept their own death.

A conceptual model can facilitate the systematic categorisation of data into phases or stages (Fawcett 1989). Kubler-Ross identified stages, which reflected emotional responses to death and dying. She argued that what bound the phases together was the sense of emotional crisis that influenced both the individual and their family. The emotional responses that underpin the process of dying and death are time limited with a definitive outcome. The final phase of emotional response in the Kubler-Ross model is acceptance of death. Kubler-Ross highlighted the complexity of individual lives in terms of family and economic commitments, for example a dying mother who has a family to care for cannot conceive of not being there to bring up her children. Many of Kubler-Ross's patients were not ready for death because there was so much that concerned them in life that had to be reconciled before they could accept death and the process of dying. When a patient had prepared for their family and their future then they could begin to come to terms with their own mortality and move through the phases of the conceptual model at a pace or order that reflected their individual needs and circumstances (Kubler-Ross 1970).

When individuals move through an emotional process they move backward and forward within the phases. Acceptance may be achieved within a defined timescale for a particular individual, however, for another individual one particular stage, for example, denial may prove an impasse specifically if the

individual is perceived as not contributing to the crisis in anyway for example, the diagnosis of a terminal disease for which there are no predisposing factors. Kubler-Ross (1970) concluded from her observations of the process of dying that the logical sequence of emotional response is not something that would normally be associated with the grief process. Identification of a process through a conceptual model was useful in categorising the emotional responses and behaviours individuals can experience. The model has been criticised for attempting to categorise emotional crisis. However, the model has value in helping patients understand that an emotional crisis does have recognised phases that can assist a process of understanding and acceptance.

The five phases identified by Kubler-Ross have been criticised by grief experts, suggesting that the phases whilst enabling dying patients and their families to express their emotions, were too rigid and linear to reflect reality (Scheidman 1983, Becker, Hannon and Russell 1994). The phases have also been criticised as over simplifying the human reaction to a crisis. An attempt to move through a linear progression may categorise the human reaction to a life-changing event or life crisis. Scheidman argues (1983) individual human reactions may be similar but not progress in a similar pattern. The treatments, observations, and interviews undertaken with dying patients by Kubler-Ross (1970) support the recognition of phases of acceptance of death. Kubler-Ross argues that a categorisation of emotional response through the application of a conceptual model makes no judgement about progress or prescribed phase, it is simply recognition of a response. Emotional responses are not event specific they are a generic set of responses. Whether the conceptual model could be applicable to a range of life crisis events was alluded to but not substantiated by Kubler-Ross (1970). It is argued that it is feasible to apply the Kubler-Ross conceptual model to this study to explore the emotional phases experienced by the respondents. In this application, caution is encouraged in not attempting to limit the data analysis to fit the model but ensure flexibility and consideration of alternate theoretical approaches (Pearson et al 1996, Reihl-Sisca 1989).

Application of a Conceptual Model, Strengths, and Limitations

Within this study, evidence from the data has identified similarities to the emotional phases identified by Kubler-Ross (1970). Many of the 36 respondents within the study were unprepared for motherhood, the responsibilities they needed to assume and the emotional changes they experienced as they moved through the phases of adaptation to motherhood. The phases of the Kubler-Ross conceptual model (1970) and its potential for flexibility is a useful model to consider. However, it is argued there are other theoretical positions that may be useful when considering adaptation to motherhood for the female adolescent. Research at present is inconclusive but it is argued that family relationships during childhood and adolescence can impact either positively or negatively on individual development, life outcomes and experiences (Piotrowski 1997)

The effective relationship between parent and child is recognised as having a significant influence on childhood and on the development of peer relationships in adolescence. Positive family relationship also influences adolescent self-image and confidence (Cook and Kenny 2005). In a study by Stemmler and Petersen (1999) which focussed upon reciprocity between adolescents and their parents over a two-year period, findings indicated that family feelings in general tended to be positive. Stemmler and Peterson (1999) define reciprocity as family members' similarities in caring for each other. The researchers found that family relationships could impact upon adolescent development with positive outcome if there is stability within the family rather than change.

As children grow, parents tend to make a subtle shift from expressions of affection to a stronger emphasis on achievement (Stemmler and Peterson 1999). This shift arguably could have an adverse effect on adolescents who do not live up to their parents expectations and possess a low sense of achievement in relation to the targets set. Adolescents may also set their own targets which do not reflect the expectations of their parents. Conflict is a significant aspect of the parent and adolescent relationship. Minimum, minor

disruptive conflict can have a positive impact on family relationships. However, major conflict can influence negatively and create a non-reciprocal family relationship. Gender difference can also influence family ties in adolescence. Adolescent boys tend to strive for independence and autonomy whereas adolescent females remain close to their parents but create a constant low-level conflict environment (Stemmler and Peterson 1999).

In contrast to the finding of Stemmler and Peterson (1999), Cook and Kenny (2005) developed an actor-partnership interdependence model, a model of dyadic relationships. The model integrates a conceptual view of interdependence with a tool for measuring levels of interdependence. Cook and Kenny, in contrast to Stemmler and Peterson (1999) found that attachment securement between parents and child diminishes as the child reaches adolescence regardless of gender. Ross, Stein et al (2005) argue that studies exploring social relationships and reciprocity within the family predominantly utilise observational methodology and interviews with parents. These studies are criticised as seeing a child as a passive recipient. Ross, Stein et al (2005) developed a Social Relations Model to examine the patterns of family relationships. The researchers discovered that effective social relations and reciprocity were evident between the siblings or between parents but less positive between siblings and parents.

Laursen, Wilder et al (2000) studied adolescents in Germany. The study revealed authority and reciprocity are prominent themes in the examination of adolescent relationships with parents. Findings similar to Ross and Stein (2005) were reported in that reciprocity was more prevalent according to gender, females demonstrating stronger reciprocal traits (Laursen, Wilder et al 2000). Von der Lippe and Moller (2000) further highlighted gender differences in their Norwegian study. The researchers found that adolescent daughters demonstrated reciprocity through effective negotiation skills. Adolescent daughters demonstrated effective reciprocal skills specifically with their mothers. Reciprocity is more difficult to measure in a single parent environment as different types of reciprocal arrangements develop in accordance with the parent-child gender (Von der Lippe and Moiller 2000).

Piotrowski (1997) explored the development of social roles in the mother-child relationship and found that social rules complimented the relationship. Piotrowski (1997) argues that social rules underpinned the development of moral socialisation within the family. Moral socialisation prepared adolescents to be responsible adults. Kulis (1992) argues that family reciprocal differences exist between social classes. Kulis found that working class families tended to have a supportive enabling relationship in which help was offered to siblings. Middle class families tended to act in an advisory “hands off” capacity toward siblings with the aim of siblings developing cognitive skill and independence.

The data has revealed the phases the 36 respondents passed through in their journey to motherhood bore similarities to the Kubler-Ross model (1970) and there is evidence of social relationships and reciprocal ties between adolescent females and their parents (Stemmler and Peterson 1999, Ross and Stein 2005). The respondents were engaged in the process of family and relationship development and had not prepared for motherhood. There were experiences the respondents wanted to continue to engage with including family ties, relationships, friendships, education, and social life. However, the terms of engagement for the respondents within the study changed with an unexpected pregnancy, which affected all aspects of their current lifestyles and changed the structure of their future lives significantly.

For the 36 respondents their status as women and mothers were not positively recognised by society. Whilst labelling adolescent motherhood as a problem society is failing to acknowledge the needs of adolescent mothers (Social Exclusion Unit Report, DOH 1999, Action Plan 2006). Motherhood encompasses a period of adaptation and emotional adjustment for a woman. For the adolescent women, when emotional responses are only just being recognised through changes to the female body during adolescence this adjustment can have a significant impact.

Adaptation to Motherhood

The 36 respondents in the study were engaged in a journey of adaptation to motherhood that was signposted by a number of emotional phases that individual respondents may or may not have experienced. Pregnancy and motherhood for many of the respondents had prompted emotional reactions that were unexpected and for which the respondents were unprepared. The emotional reactions loosely reflected the phases identified by Kubler-Ross i.e. Denial, isolation, anger, bargaining, depression and acceptance, however other theoretical approaches including reciprocity and social relations theory are acknowledged (Ross, Stein et al 2005, Stemmler and Peterson 1999).

Kubler-Ross (1970) suggests death for many individuals is unexpected even though they have been suffering from illness are unprepared for death. The patient told they have terminal lung cancer after a lifetime of smoking cigarettes is unprepared for death although fully aware of the risk to health of smoking. An analogy is made to the study respondents; pregnancy was unexpected, even though all of the respondents had engaged in unprotected sex with pregnancy as a high-risk outcome.

As observed in dying patients many of the respondents demonstrate they had moved backward and forwards through all the phases identified by Kubler-Ross, others remained in one or two phases that did not facilitate acceptance. The difference in the respondents' reactions appeared to be associated with the stage of pregnancy at the time of the study, although this is not exclusively the case. Some respondents at an early stage of pregnancy appeared to have accepted their situation; others after the birth of their baby found themselves still unable to accept their child. Adaptation to adolescent motherhood is more complex than death and dying. Bearing and rearing a child is not time-limited and outcomes cannot be predicted. For the respondents' relationships with family, peers, father of the child, poverty, exclusion, and stigmatisation affected upon their adaptation to motherhood.

The phases identified by Kubler-Ross (1970) and theoretical approaches including reciprocity and social relationships were considered in analysing the

experiences of the 36 respondents (Ross, Stein et al 2005, Stemmler and Peterson 1999). The conceptual model was a tool used to categorise the respondents' experiences, needs, and emotional reactions. In the Kubler-Ross model (1970), acceptance is the final stage and when this stage is reached, the desired outcome is for an individual to achieve a peaceful and dignified death. In adolescent motherhood acceptance is an identified phase but it is argued not the final phase. For the purpose of this study, the model has been amended with a final phase added, "adaptation to adolescent motherhood". Once the mother accepts her child and the impact of motherhood then adaptation is a final phase of the process.

For some of the respondents the phases of the adaptation model proved difficult and unachievable and could be affected by relationships with families, particularly their own mother, and the father of the child. For other respondents they moved through the phases, perhaps not all of them and not necessarily in a linear progression and finally adapted to motherhood despite the difficulties they faced. A time limit to each of the phases in the process of adaptation to motherhood was not applicable. It would perhaps be more accurate to say adaptation to a stage of motherhood or a stage of child development.

The concept of death and the sufferings of the dying receive full public sympathy. The individual terminal patient and their family have an emotional journey to pass through in coming terms with their own mortality. Support is predicated on the knowledge that death comes to us all. The celebration of life and the status of motherhood also receive public support. However, data from this study, the literature, and Government policy suggests adolescent motherhood does not receive full public support when it is linked to single motherhood and poverty. The negative perceptions of society and Government towards adolescent motherhood, the phases of adaptation and support received from the family, father of the child, peers, the Pupil Referral Unit and unit teachers the adolescent mother adaptation to motherhood. The respondents each experienced their individual journey to motherhood. They

also experienced the stigmatisation and labelling associated with age, maturity, social and economic status and single motherhood.

Kubler-Ross (1970) reported transience within the stages of the death and dying model however, this transience was self-limiting with death an inevitable outcome. For the respondents in this study, it is argued for both the adolescent mother and the child the phases of the conceptual model were influenced by the stages of pregnancy, childbirth, and child development. Physical growth and development influences adaptation to motherhood and this is exclusive to adolescent motherhood. However, underpinning this physical process is reciprocity and the development of social relationships between parent and sibling. The development of a reciprocal parent child relationship can influence adaptation to motherhood regardless of the stage of biological development. The respondents in the study were adolescents and engaged in a reciprocal relationship with parents. The data revealed adolescent motherhood did influence upon the reciprocal relationship established between parents and sibling. Some respondents identified their relationship with their parents had changed as their role of child has been substituted by their own child. Most of the respondents were positive regarding their changed relationship with their parents. There was no evidence to demonstrate if the changed reciprocal and social relationship between parent and sibling would affect long-term life outcomes.

Utilising the phases of the Kubler-Ross model the data was loosely categorised and the emotional responses explored.

Emotional Phases in the adaptation to motherhood

Phase 1, Denial, and isolation

Respondent 23 was 14 years old and four months pregnant. She suspected she was pregnant at an early stage. She felt her body was changing but there were no external signs of change so she did not disclose the pregnancy to her family or the father of the child. At this early stage of pregnancy, she engaged in a superficial process of denial but this was short term when the physical

signs of pregnancy were not easily concealed. She also on reflection did isolate herself from her usual close relationship with her parents, as she did not want them to become suspicious. When the pregnancy was confirmed by a pregnancy test, she informed her mother and father.

Respondent 23 was born when her own mother was 16 years old and she felt this helped her parents accept the pregnancy almost as inevitable. She found her parents to be accepting and supportive of both her pregnancy and the prospect of her motherhood, there was no discussion of termination of the pregnancy; this was not considered an option. Her parents' support and acceptance was more important than the reaction from the father of the child, she chose to inform her parents before the father.

Although accepted by her parents she felt isolated from friends, peers and her boyfriend. Respondent 23 recounted her boyfriend response to the news of the pregnancy:

"When ah told him he didn't phone for about three weeks...he was avoiding me calls and he works away. Just before he went away again he phoned is and told is we were finished and ah hardly hear from him now. He doesn't phone is when he's home. He phones is every month or something, every three weeks".

Respondent 23's boyfriend worked around the country on fairground rides. He knew she was pregnant but she felt he was avoiding her and this was leading to her feelings of isolation. Her parents were suspicious of her boyfriend and discouraged her from speaking to him when he did telephone. Respondent 23 felt her parents were adding to her feelings of isolation. When asked about her boyfriend's reaction to the news of the pregnancy she said:

"At first he was saying he wanted is to get an abortion because it was too much responsibility and then he turned round and said keep it and I'll stand by you and everything. Then he says you've kept it and ah don't want anything to do wi ye because it is too much responsibility for me, ah'mm too young"

Although her boyfriend had not denied paternity, he denied the responsibilities of paternity. He perceived himself to be too young to be a father. He was 17 years old and she 14 years old. There was no recognition that in terms of the

law he could have been charged with the offence of having sex with a minor. His parents were aware of the pregnancy. Although paternal grandparents were friendly when they were first informed of the pregnancy, they distanced themselves and denied that their son could in fact be the father of the child. Respondent 23 had a social worker who had advised it would be difficult to find the father and encourage him to contribute to the care of the child. She was therefore left to deal with her feelings of isolation from her boyfriend and begin preparations for adaptation to motherhood.

Her parents' support was required to support her through her pregnancy and the rearing of the child. She did not have any peer support or support from the father of the child. She felt isolated from her peers and this feeling was enduring. Although within the Pupil Referral Unit she had established relationships with the other respondents in many ways this was because shared circumstances have drawn the group together. Denial as a response was short lived and when the pregnancy became physically apparent then denial could not be sustained.

Respondent 36 was 15 year old and 7 months pregnant. She suspected she was pregnant as she had missed a period and had engaged in unprotected sex. Pregnancy was confirmed by a pregnancy test and she informed her mother who was supportive. When asked about her mother's reaction she stated:

"She was a bit shocked 'cause ah'mm young and that, but she's got over it now. She's looking forward actually"

She lived with her mother and had no contact with her own father. She had no idea where her father was and had not seen him. Contact was lost when she had been a baby. She had siblings but they have all left home so there was only her mother and herself at home. Her mother had been supportive and was helping her prepare for the child.

Respondent 36 stated she had a boyfriend:

“He’s up south; he’s too far away from me”

Respondent 36’s boyfriend was the father of the child but she did not want him to know about the pregnancy. Her boyfriend did not keep in contact with her and she said she did not know where he was. She had no desire to resume a relationship with the father of the child and felt happier on her own with her mother for support. She was determined that she would not and did not want to see her boyfriend. She went out with him for 3 months but she said he started to get nasty so she just left him. He was 22 years old, seven years older than she was. She said he knew she was 15 years old but continued the relationship.

Although she stated she had come to terms with the pregnancy Respondent 36 had isolated herself. She had restricted her relationships to her mother on whom she depended entirely and her peers attending the Pupil Referral Unit who were in a similar situation to herself. By isolating herself from her wider circle of friends and relationships, she felt she could deal with pregnancy and motherhood.

Respondent 6 was 15 years old and she was a mother with a baby of 7 months. She was shocked when she found she was pregnant but interestingly not because she was pregnant but because she had a miscarriage 3 weeks earlier and did not expect to be pregnant again. She had been engaging in unprotected sex for some time and knew there was a risk of pregnancy. Despite the known outcome that was not desired, she continued to have unprotected sex. She had no explanation for this high-risk behaviour but there were associated factors, which may have predisposed to her denying the risk of pregnancy. She had a well-established relationship with her boyfriend, meeting him when she was 14 years old. Her boyfriend was 22 years old. He was happy when she told him about her first pregnancy and he was a part of the decision to continue to have unprotected sex after the miscarriage. He was pleased when pregnancy resulted but colluded with Respondent 6 in the denial of the pregnancy. Reasons for this collusion may have reflected the age difference between the two. In terms of the law, her

boyfriend was having sex with a minor. He may have been aware of the legal position and the potential consequence of prosecution. Respondent 6 and her boyfriend did not share the news with either of their parents or peers; they denied the pregnancy and continued their lives as normal.

She did not allude to a relationship between her parents and her boyfriend. Her parents were aware of the miscarriage and had been very supportive. When she became pregnant, again she did not tell them at first, she tried to conceal the pregnancy. She suspected pregnancy at 3 weeks gestation when she missed a period and confirmed her suspicions with a pregnancy test. Her parents did not find out about the pregnancy until she was almost eight months gestation. Respondent 6's mother suspected her daughter was pregnant but like her daughter she denied the pregnancy, she played a part in the denial for almost 7 months. Again, the reasons associated with this collusion may have been associated with the boyfriend and the age difference between the two. If Respondent 6's mother was aware of the age of the boyfriend, she herself may well have been aware of the likely consequences of the criminal prosecution for sex with a minor. Her mother's collusion in the denial of the pregnancy if aware of all the facts of the relationship between her daughter and boyfriend is an interesting position. It is possible that Respondent 6's mother although initially shocked was accepting of the pregnancy and prospect of a grandchild. Respondent 6 did not discuss the reaction of her father but her mother's support was significant in Respondent 6's acceptance and adaptation to motherhood. Her mother was a critical element in supporting her daughter's adaptation to motherhood.

Respondent 6 was aware of the consequences of unprotected sex. She took risks and became pregnant. Since having the baby, she had protected sex and had no plans for further pregnancies in the near future.

Motherhood for Respondent 3 created isolation from her friends:

"...I don't see many of me friends from me old school, just these friends at this school now. They'll come to my house and have a chinkies..."

Respondent 3 had her own house and it became evident that the other respondents from the Unit come to visit her to socialise. Isolation from pre pregnancy friends was a common trend for all the respondents. They felt they had nothing in common with old friends and their new friends were those in a similar situation. As a group of respondents, they had bonded together with a shared circumstance. As well as forging friendships within the Unit, they continued their friendships outside the Unit. Respondent 3 had her own house, which acted as a venue for the respondents to socialise.

Respondent 35 was 14 years old when she had her baby who was 14 months old. She said she knew she was pregnant but concealed the pregnancy from her family, boyfriend, and her peers. She tried to deny the pregnancy to herself but she knew. She could not face telling anyone about the pregnancy. She continued her life as normal, guarding her secret but she was scared. At five months gestation her parents were suspicious and took her to the family doctor who confirmed the pregnancy. During the five months when she concealed the pregnancy, she felt alone and isolated. Her parents were shocked at the news of the pregnancy and that she had concealed it from them. She said her boyfriend, who was older than she just did not want to know and he had never seen the baby. His parents also knew but they have not made any request to see the baby. Her boyfriend denied the child was his and withdrew from the relationship. It appeared that denial for her boyfriend and his family resulted in complete isolation from her and termination of their relationship. The denial has been complete to the extent that he had never seen his child. Respondent 35 and her parents accepted the responsibility for caring for the child. She was bitter regarding the position of the father of the child, she stated:

"It's his choice that he doesn't want to see him but ah shouldn't have to cope with him all by meself, it takes two. He should be half of his responsibility as well as mine. And he should help is out, but he doesn't"

She resented the position her boyfriend had taken, he denied his child and she felt he had responsibilities in terms of caring for the child. This denial had resulted in respondent 35 with the help of her parents taking responsibility for

caring and rearing the child. She denied the pregnancy until she was five months gestation and she no longer could hide the pregnancy. She was forced to acknowledge the pregnancy and she had assumed, with help and support her role as mother. Her boyfriend's denial had endured and he had not assumed the role of an active father to the child.

Respondent 35's position was not unusual. The majority of the respondents were the primary care givers of their child. The maternal role it appeared to this group of adolescent mothers was the dominant role. Whether they had denied the pregnancy initially or not they eventually had taken up the responsibility of motherhood. None of the respondents opted for an abortion and none of the respondents considered adoption for their child. It is not clear if the respondents made a conscious decision or if they just assumed their role with the help of their parents.

Respondent 34 was 14 years old when pregnancy was confirmed. Her mother guessed she was pregnant but Respondent 34 had already suspected that this was the case. She was denying the pregnancy to herself because this was a situation she did not want and had not planned. She became isolated from her parents, as she did not want them to know she was pregnant. Her isolation was related to a fear of the consequences of being pregnant at 14 years old. Her mother took her to the chemist for a pregnancy test and pregnancy was confirmed. Her baby was 7 months old and she stated that since having the baby she had no regrets. Her boyfriend denied paternity and like the other respondents in the study, she accepted responsibility for the child. Her boyfriend lived near to her but she had no contact with him and he had never seen the child. She said his parents were unaware of the child and she was not going to tell them.

Respondent 33 was 16 years old, her child was 15 months old, and she was 14 years old when she became pregnant. When asked about her reaction to discovering she was pregnant, she responded:

"Ah was shocked like but ah don't know...I was being sick during the night...I guessed then when I was starting to be sick and everything and I was feeling dead sickly all day and that"

She was experiencing physical symptoms that made her suspect she was pregnant. Her mother suspected the pregnancy and Respondent 33 stated her mother was "all right" about it. She felt better when her mother was aware of the pregnancy. Like many of the respondents in the study, she was shocked by the pregnancy but once the news was shared with her parents she felt stronger to deal with the pregnancy and the outcome of motherhood.

When asked about her boyfriend's reaction to the pregnancy, Respondent 33 revealed a source of continued anxiety:

"Well I have lied to him about my age. Like when I met him he thought I was 18, so he was shocked and everything, he did not realise I was only 14 years at the time and he didn't knaa any different. I did not tell him my age until I was in labour and I was 15 then. I think he was more shocked about my age than anything else"

Her boyfriend was 21 years old when she met him and she lied about her age. For Respondent 33's boyfriend the shock of pregnancy was not as great as the shock when she revealed her age to him. He supported her during her pregnancy remaining under an illusion that she was 18 years old. He was both shocked and pleased with the news of the pregnancy and accepted the role of father. However, his shock was increased dramatically when she told him, during labour, that she was then 15 years old. Understandably, her boyfriend's shock revolved around her age and the fact that he had had sex with a minor.

Respondent 33 had lied about her age. She was the only respondent in the study that had admitted to lying about age but it is clear that many of the boyfriends of the respondents within the study were significantly older than the respondents. For the father of the child who is unaware of the age of the mother, not only do they have to deal with the prospect of becoming a father but also the consequence of engaging in sexual activity with a minor. As the study revealed, perhaps not surprisingly, some of the fathers had denied

paternity. The reason for denial of paternity may not be a rejection of the child and their role as a father, but it maybe the fear of the age difference between the mothers and the fathers. For the biological fathers of children of adolescent mothers, their fear regarding age difference may be denying them assuming their rights as fathers, which for some may be a loss, which they have a difficulty in resolving.

Respondent 33 clearly understood the implication of the age difference between herself and her boyfriend. She had concealed her age from him, knowing the potential consequences of being sexually active at 14 years old. Respondent 33 when asked about her boyfriend's parents said they had been supportive but they were still unaware of her true age, they believed she was 18 years old when she had the baby. She and her boyfriend continued to lie about her age to the paternal parents. It appears that her boyfriend, although supportive to both her and child remained concerned regarding the age difference between the two of them. They had their own house and were living together as a family but there remained the issue of denial of the age difference.

Respondent 32 was 15 years old when she found she was pregnant. She was 4 months gestation. Pregnancy was unexpected although she had had a previous miscarriage. Both she and her parents got a shock but in many ways, they had already faced the prospect of motherhood with the previous miscarriage so they seemed to accept the pregnancy when confirmed. Her parents were now separated and her mother lived away and she had little contact with her. She felt isolated from her mother when she needed her most. She had two brothers but they now lived with her mother so she also felt isolated from her siblings. She lived with her father at the time of the study but her boyfriend and herself had secured a council house, which they would move into within the next week. The house was next door to the paternal parents. She felt she had developed a positive relationship with the paternal grandparents and relied on them for support. Her boyfriend was 20 years old and he and his parents were delighted about the pregnancy. She and her boyfriend had recently become engaged and had plans for marriage

in the future. Before leaving, her mother gave Respondent 32 her wedding ring, which she wore along with her newly acquired engagement ring. Although isolated from her mother and siblings she remained at the time of the study with her father who had been supported. She felt she was establishing a life with her boyfriend and the paternal grandparents who had been very supportive.

Respondent 31 was 15 years old, and had discovered she was pregnant at 2 months gestation; she was 4 months gestation. She had suspected she was pregnant and informed her mother who said if she missed her next period, they would go and get a pregnancy test. She said she was anxious and felt worried regarding the prospect of having a child. She felt that her mother was accepting of the pregnancy. She initially attended another Pupil Referral Unit, which she did not like but had now been transferred to the current Pupil Referral Unit where she felt much happier. She liked the idea of the current Pupil Referral Unit because when she had her child she would be able to take the child to the Unit with her. Respondent 31 and her mother had moved house in the last few weeks. Her parents were separated and she and her mother lived together. She felt isolated. She liked the other respondents in the Unit but she did not socialise with them. She felt she did not have much of a social life. Since moving house, her social activities had been limited.

Respondent 31's boyfriend was the father of the child. She stated he was pleased at the news of the pregnancy but did get a shock, as the news was unexpected. His parents were also pleased with the pregnancy and she felt they had been supportive. Her boyfriend had now left school and was unemployed. She stated he was hoping to go the College soon to train to become a painter and decorator. At the early stage of pregnancy Respondent 31, although she appeared to have accepted the pregnancy had become isolated from her friends. Her parents had moved house so she was no longer near her friends. She has retained contact with her boyfriend who was pleased about the pregnancy.

From the respondents experiences it appears in the short term they all denied their pregnancy. This denial was maintained as long as the pregnancy could be concealed. Once the pregnancy was physically apparent, the respondent had little choice but to inform their parents and in many cases the biological father. It appeared parents, although initially shocked were accepting and supportive of the pregnancy. For the fathers of the child there were mixed reactions including denial. The majority of the biological fathers were older than the respondents were and surprised by the pregnancy and prospect of parenthood. Evidence suggests the denial by the father did result in a degree of isolation for the respondents with an increased reliance on the maternal grandparents. A few of the respondents also recounted support received from the paternal grandparents but this appeared specifically related to the absence of the maternal mother. Some of the respondents did report feeling isolated from peers. Attendance at the Pupil Referral Unit resulted in the establishment of peers and friendship. The shared circumstance of motherhood established a bond between the respondents.

Phase 2, Anger

Respondent 36 recounted she felt anger when her pregnancy was confirmed and after seven months gestation the anger was still felt. She stated she had accepted the pregnancy and the birth of her child as inevitable but it had taken seven months for her to get to this stage. She did not plan the pregnancy, as she did not expect to get pregnant. Many of the respondents in the study stated they had unprotected sex and yet were shocked when they became pregnant believing it would not happen to them. Respondent 36 was no exception. The link with truancy, sex education, and pregnancy for the respondents was evident from recounted experiences. Discussion with the respondents regarding sex education revealed a limited knowledge of reproductive health and the need for protected sex, not only to avoid pregnancy but also sexually transmitted disease. Like many of respondents Respondent 36 knew if she had intercourse without protection, she could become pregnant, however this did not seem to be paramount in her mind as she thought the chances of pregnancy remote. Many of the respondents

were not in stable relationships so unprotected sex tended to be a spontaneous activity.

Respondent 36 was angry but she was attempting to come to terms with her situation and control the anger. The method of control she was utilising was to isolate herself from friends and peers, trusting only her mother. She stated she felt safe in her relationship with her mother who provided her with support and a protective barrier. When asked about friends and relationships she responded:

“Ah divv'ent want too many people on me case that just stresses me out”

Respondent 36's preferred isolation was related to the anger she felt at becoming pregnant. She experienced difficulties communicating and discussing her feelings, consequently she limited her communication to her mother. As the pregnancy progressed, she had begun to share fears and concerns with peers at the Pupil Referral Unit. Her peers were in a similar position to herself that meant they tended to be not judgmental and make demands with a result that she felt her anger was controlled. Her mother accepted Respondent 36's anger and supported her through it. This was important to Respondent 36 and she stated she was very dependent on her mother. The unit head teacher had recognised the anger and isolation traits she displayed within the Pupil Referral unit. Discussion with the head teacher revealed social services had been contacted in confidence. The head teacher had requested a social worker visited the unit as a routine visit. Respondent 35 had been assigned a social worker who following an initial assessment had referred her to a clinical psychologist.

Respondent 3 was angry at the State and the benefits she received for herself and her child. She found it very difficult to manage financially. She worked part time in a Care of the Elderly Home and this helped to support her family. She received £3 an hour for her work. She worked for a total of £38 per week and this helped to pay her bills. She was angry because the State would only allow her to work for £15 per week, if she made more than this then her benefits would be reduced. Her boyfriend did work but she stated she had not

disclosed to the State that her boyfriend was living with her. The house they lived in was in her name. Her boyfriend shared the house and contributed to the bills but his mail went to his mother's house. Respondent 3 received a total of £40 per week for herself and her child and she felt this was not enough for the two of them to live. She had no incentive to work, as any money she made over £15 would be reduced from her benefits.

Respondent 3 was finding it difficult to manage financially:

"Ah'mm trying to decorate my house at the minute, me wages is just for me house and ah'mm trying. Luckily enough they were all good carpets when ah moved in so ah just cleaned them up and ah'mm trying to buy new carpets like 'cause they don't go with me wallpaper"

Her financial situation caused stress. She and her boyfriend were attempting to establish their family unit but they felt they were being restricted. The State classified Respondent 3 a single mother however; she was in a stable relationship with her partner. Respondent 3 received more benefit from the State as a single mother than she would if she had disclosed her stable relationship.

For Respondent 3 her anger was not the result of motherhood. She felt she was caring for her child and establishing a home but she was not supported by the State. She was employed in addition to her attendance at the Pupil Referral Unit but the incentive to work was not strong. She had secured low paid employment but she could only earn a certain amount of money before this would influence the benefit she received. The fact that her boyfriend lived with her was something that was kept hidden because again this would influence the financial benefit she would receive. The income she received was used in the main on paying bills and buying food. When asked about clothes for herself and her child, she stated:

"Me mam and his mam like to buy most of the bairn's clothes. Ah just have to wait for birthdays and Christmas"

Respondent 3 appeared to have given up a great deal of her life to create a comfortable home where she could care for her child. It appeared that her life

evolved around the care of her child and she had made a number of sacrifices. Her personal needs took second place to the needs of her child; for example, clothes needed for her came at birthdays and Christmas. She felt her life was hard and this underpinned her anger.

Respondent 35 was angry; her anger was focussed upon men. Her boyfriend had denied paternity and no longer had any communication with her or the child. She had not seen her boyfriend since the birth of the child. She had not attempted to engage in any conversation with the father of the child but she had seen him when she had been walking with the child. She had another boyfriend since having the baby but she felt now she wanted nothing more to do with men. She was angry with men, as she had to care for her child as a single parent. She had attempted another relationship but this had proven to be unsuccessful, she felt happier on her own with her child.

Respondent 34 was angry that her boyfriend had denied paternity and had never made any request to see his child. She felt that he should want to see the child and help her in rearing the child. He lived quite close but had no contact. She would not approach him or his family so her anger although evident had not prompted her to make any form of contact. Her parents did not know who the father of the child was; they had never met her boyfriends. She was unwilling to disclose his name to them. The result meant that she dealt with her anger in isolation; she could not discuss the anger she felt with her parents because she would not disclose the identity of the child's father. She discussed her anger with the other respondents at the Pupil Referral Unit but many of them were in a similar situation and could only recognise her situation as being similar to their own. Sharing a concern may serve only to inflame anger. The respondents shared their experiences and advised each other but this advice was biased and subjective.

The reasons the respondents experienced anger with biological fathers were varied. Many did not want to reveal to their parents that their boyfriends were significantly older and they did not want to face the outcome of their parents' reaction. The respondents were aware that if the father's identity was

disclosed the State would force the father to contribute financially to the child's upkeep. That in itself could be a problem if the father had no independent financial means of support. Once the mother became 16 years old, she could claim financially from the State for herself and the child. If the identity of the father was known, then he must contribute to the financial needs of the child. This was a problem for the respondents as they had difficulty in securing finance from the fathers. The respondents therefore were unwilling to disclose the identity of the father, which left for them, unresolved anger.

The Position of the Biological Father

For some of the biological fathers, they had to deal with their paternity being unrecognised in law and therefore they had no legal status in terms as the biological father of the child. Lane and Clay (2000) argue that up until the 1980s the needs of young fathers went largely unnoticed by the Government and Department of Health. During the 1990s, there was a gradual recognition that young fathers needed assistance to become responsible adults (DOH Social Exclusion Unit Report 1999, Lane and Clay 2000). Burgess (1997) argued that a number of adolescent fathers experienced psychological problems regarding paternity and the need for recognition by both the family and the State. Adolescent fathers, as they grew older expressed a desire to develop a relationship with their child and claim their status as biological father to the child (Burgess 1997). Increasingly since 2000, qualitative studies have focussed upon the role of father in adolescent pregnancy and parenthood. Recognition of the needs of fathers in adolescent parenthood has taken a secondary position. The mother and child have been the primary focus of public attention and debate (Bunting and McAuley 2004).

In a research review of the role of fathers in adolescent pregnancy, Bunting and McAuley (2004) argue that men who father children of adolescent pregnancy tend to be older than the adolescent mothers and a minority significantly older. The majority of the biological fathers in this study were older than the respondents. Some were married and denied the pregnancy. There was evidence of respondents lying about their age. Some of the

biological fathers unknowingly had sex with a minor, which could have influenced their denial of paternity. Recent scientific developments have demonstrated that paternity can be confirmed through DNA testing and there has been an unprecedented increase in requests from fathers to confirm and recognise their paternal status (Burgess 1997).

Respondent 33's anger was focussed on her best friend who lost contact with her when she became pregnant. She was bitter about this situation as she was very close to her friend and resented the fact her pregnancy created a rift between them. Friends from her old school although initially coming to visit her had also lost contact with her. The resultant isolation from pre pregnancy friends had created anger for Respondent 35. As with the majority of the respondents in the study, contact had been lost with pre pregnancy friends and new friends had been made with the other respondents who were experiencing similar circumstances. Motherhood had brought the respondents together with common experience, therefore for many of the respondents their friendships had not evolved naturally. Motherhood changed attitudes towards pre pregnancy friends because the respondents viewed their status as mother linked to maturity and a sense of responsibility.

Respondent 33 commented:

"Aye. Ah've made friends in here and ah think well it is not my loss, you know what ah mean. So they are still hanging about street corners and outside the shops and that, drinking, and I think God, what was the point in doing it? You think they would have grown by now"

She was critical of her pre-pregnancy friends. She felt she had grown up and matured with motherhood and she disliked the lifestyle her friends engaged in. She had the responsibility of a child and therefore perceived herself as "moving on". The majority of respondents had created new friendships with the respondents in the Pupil Referral Unit. Friendships had emerged out of circumstances. The respondents were together in close proximity each day and shared experiences. Respondent 33's anger was related to pregnancy and motherhood. She felt rejected by her friends because she became pregnant. She was aware that she like her friends was sexually active and

engaged in spontaneous unprotected sex. However, unlike her friends she had become pregnant.

The anger the respondents felt was directed to other individuals namely the biological father or previous friends. Interestingly the respondents' anger was focussed on those with whom they have lost contact. The respondents were angry at their own situation and were venting the anger on others who had engaged in similar sexual activities to themselves and avoided pregnancy. Kubler-Ross (1970) reported anger towards directed towards other was not unusual. When an individual cannot cope with an emotional crisis, they can become angry. Those individuals they feel should support them have lost contact therefore those individuals become the focus for the anger. The biological father will always retain a link through the child, therefore anger can be enduring if vented towards the father. This anger is further complicated if the respondent has not disclosed the identity of the biological father. Anger will be evident but the reason unknown.

Phase 3, Bargaining

Respondent 23 even though her pregnancy was only four months duration had begun the process of bargaining for herself and the child. She spoke of Christmas and how she had negotiated with her parents the things she would need:

"I'm getting a few things for Christmas 'cause there not much ah want. Ah'mm, only getting a couple of CDs and bits of jewellery and then I'll, get things for the baby. Me Mam's got loads of friends who have just had babies. Me auntie's had one not long ago so ah'mm, getting me pram off her. She was going to put it in the paper for £200 because it was about £700 and me dad's buying it for £100 'cause she just moved house and got no money. Ah'mm getting things like sterilisers and car seats to borrow of me Mam's Nursery Nurse and me grandma's buying is some stuff. But ah've already got as couple of vests that me mam decided to buy when she had been for a drink one dinnertime with her friend. She was drunk and she went and started buying vests and she got a little mint hat with silver stars on and booties and mittens to match but that's all ah've got"

She was not alone in her bargaining her parents were also bargaining with family and friends on her behalf. Christmas was dominated with preparation

for the baby. The baby was not an additional family member at Christmas. Respondent 23 was giving up her presents for the baby. The support she received from her parents in terms of items needed for the child was not extra support they came from the support she herself received. This was a significant point, as often families' resources were stretched. With an unplanned pregnancy the family had to stretch the existing finance they had available to ensure the child was cared for and had the equipment needed. Some of the items needed were bought second hand specifically the pram as one of the most expensive items needed by an expectant mother preparing for a child. Respondent 23 would have liked everything to be new for her child but she recognised that this desire was unrealistic with no independent means of support. She was happy to bargain for what she wanted and for her parents to do this also on her behalf. Bargaining was centred on preparing for the baby and equipment that would be needed by the new mother to facilitate her caring for a child. Respondent 23 had accepted the sacrifice she herself was making for her child in terms of the support received from her family. However, this came with a cost and related to her anger at becoming pregnant and giving up much of her own childhood for her child.

Respondent 36 was bargaining with her mother as part of her preparation for the child. She saw her mother as the only person that could help her. She was making plans for the child. Respondent 36 was happy that her mother was willing to share some of the responsibility for caring for the child. She would be there to look after the child when Respondent 36 wanted time on her own. She stated with the help of her mother that she now had everything she needed for the arrival of the child. It had been difficult to secure the equipment she needed and she had to make sacrifices. The money her mother would usually spend on her had now been used in getting the equipment necessary for the child. She accepted this and realised that she was making sacrifices for the child. She saw becoming pregnant and the responsibility of the child as being her own with the help of her mother to support her.

Respondent 6 like respondents 23 and 36 bargained during her pregnancy, mainly around the securing of equipment for the child. She did this with the full support of her parents and boyfriend who also bargained on her behalf. As a mother, she continued to bargain for herself and the child. Her life had changed since becoming a mother. Money and security for herself and her child were very important prerequisites to motherhood for Respondent 6:

“Cause ah only get the Child Benefit you know what you get once a month. Whereas normal people usually get it once a week but since ah’m, with me boyfriend, living with him, and ah’m getting money off him ah can only get it monthly. His mam and dad like give is money weekly so like if ah run out ah’ve still got that money. ‘Cause ah never had it before”

She received financial support from the State on a monthly basis, from her boyfriend and from the paternal grandparents of the child. Her boyfriend worked for his father and supported her and the child. Her own parents moved house so they replaced Respondent 6’s name on their rent book therefore she now lived in their old house with her boyfriend. Her bargaining for herself and child had given her a sense of security in terms of financial stability and a home for her family.

Respondent 34 and her child, at her parent’s request lived with her parents. Her parents asked her to live with them, when in fact she wanted to have her own home for herself and her child. In return for agreeing to live with her parents, they spoilt both her and the child. Her parents enjoyed having the baby live with them. They enjoyed being grandparents and supported both Respondent 34 and the baby. Her relationship with her parents had changed; she felt she was no longer regarded as a child. Her own child replaced her in this role. Respondent 34 viewed this role transfer with her child positively. She felt it was important that her parents accepted the child. She felt she has matured and should no longer be perceived as a child. She did not differentiate between her perceptions of a child and a daughter. She enjoyed her changed status with her parents and the help her parents gave with her child.

She had a new boyfriend who was 20 years old. She was happy with her new boyfriend and her parents knew him. He saw her often and had developed a relationship with the child, which was an important requirement of Respondent 34 in the continuance of a relationship. She, like many of the respondents had developed another relationship. In developing further relationships with men, the respondents had a clear pre-requisite; the prospective boyfriend had to develop a positive relationship with the child.

Respondent 32 and her boyfriend were preparing to move into their council house. They had no finance to buy the items they needed. She attended the Pupil Referral Unit and her boyfriend was unemployed. When asked about buying the furniture they would need to set up home she responded:

“Well my uncle, my great granny just died and he is giving us all the stuff. My dad’s mam has a bungalow and they are just building a bit on top of the bungalow for my uncle to go and live there, so I am getting all the furniture”

Respondent 32’s father had negotiated on her behalf with her uncle to secure the furniture. She stated there was everything she needed to set up home. Her father and the paternal grandparents were also helping with finance. She was not clear what the rent would be for the council house but she was hoping that both her boyfriend and herself would receive help from the State as well as family. Her family had bargained on her behalf to secure furnished accommodation for the couple and their expectant child. Respondent 32 had little involvement in the preparations to secure her accommodation and she relied heavily on her family to make the necessary arrangements.

The respondents viewed bargaining as a process to secure a life for themselves and their child. They relied heavily on family to bargain on their behalf. The respondents had adapted their ideal expectations of what they required for motherhood and were accepting of what they were able to secure.

Some of the respondents had given up their role and status as a child to their own child. They accepted that situation in return from the help and support

they received from their parents. Evidence was not clear to support actual change of status. The respondent referring to their lost status as child related this to their parents providing for the child. The respondents concentrated on bargaining for material possessions, the emotional effects of bargaining appeared to be manifested in other phases identified by the conceptual model including; anger, isolation and acceptance. The respondents were able to consider the reciprocal relationships they had with their parents specifically the role of parent and female adolescent. This role created a bargaining situation in securing the position of the child within the family. Although the respondents felt they had given up their relationship as child, this was not evident, as reciprocal relationships appeared too continued with their parents.

Phase 4, Depression

It is not clear if Respondent 23 was depressed but she was certainly unhappy with her situation. She was pregnant, isolated from her friends and rejected by her boyfriend. She had no form of independent support and relied on her parents for everything. Her situation seemed to be one she could do little to influence. She was angry and had gone through a process of denial of the pregnancy. She felt she has lost her identity, her own aspirations had taken a back seat as she, and her parents were now focussed on preparation for the child. Respondent 23 felt she was paying the price of pregnancy at an early age. Her lifestyle had changed dramatically. In many ways she was going through a process of change for which she was unprepared and this was affecting her emotional state negatively.

Respondent 36 had a social worker that she had met on a number of occasions and felt that this had been helpful to herself and her mother. Help offered by the social worker had centred on helping to buy equipment needed for the baby. It was not clear how she was coping emotionally with the transition to motherhood but she stated that her social worker had referred her to a psychologist. She had yet to have her first appointment with the psychologist but perhaps the sessions would help her to adapt to motherhood and deal with feelings of anger and isolation.

When asked if she enjoyed motherhood, Respondent 35 responded:

"It's hard, it's dead hard. Still being at school, trying to get good exam marks, cause it's really hard coming here, trying to do your exams and there's crying babies next door"

She recognised the importance of her education but she was unhappy. She would have rather had someone look after her child so she could attend mainstream school and concentrate on her studies. Completing her GCSE's was an important step for her, she planned to go on and do "A" levels. She had aspirations to become a midwife. Respondent 35 thought that being a midwife was a "brilliant" job. She still wanted to be a midwife but she was unclear how she could achieve her ambition with a child to care for. She felt she was missing out on her social life and education. She had established a daily routine to her life, which had become almost like clockwork:

"Ah get up, usually we both have our breakfast then we get dressed and then just basically waiting for the bus and we come to school. It's like juggling all the time, you try and do some work when he is playing and when he is crying you have to stop and you try and settle him down so that you can get on with your work. When ah go home he usually has a sleep then ah help me mam. He has a bath then goes to bed for six o'clock".

This was her routine everyday except for weekends, which she described as boring. Although at face value she appeared to be coping, she felt that she was in a rut with no means to get out of it. She was dependent on her parents' support for herself and the baby and in return, she completed her daily routine of trying to complete her schoolwork and care for her child. Respondent 35 wanted her life to change. It is clear she was unhappy with her situation; she felt she would like to get away from it all.

Respondent 32 was not keen to discuss the birth of her child and what the future will hold. She was 4 months gestation but as yet, she had made no preparations for the baby. She had left her family to arrange to secure the accommodation and negotiate furniture for the council house. She had not contributed to this process in anyway. It was clear she was getting support from her father and paternal parents and she perceived herself to be in a stable relationship with her boyfriend to whom she was engaged, however her

role in preparing for the future was passive. She had lost contact with her mother and siblings and the only reference she made to her mother was that she had her wedding ring. She wore her mother's wedding ring with her own newly acquired engagement ring.

Respondent 31 at 4 months gestation had recently joined the Pupil Referral Unit. Although she felt everyone was friendly, she did not like it and was not happy to be there. She did not like having to come to the Unit everyday to complete her compulsory education. Since moving house with her mother, she had become isolated from friends and did not socialise with the other respondents outside of the Unit. Her life revolved around living at home with her mother and visiting her boyfriend and his parents. She stated she had experience of looking after babies because she helped to look after her younger sister. When her parents separated, 6 years ago, her younger sister went to live with her father she stayed with her mother. This had caused a problem for Respondent 31 as she was very close to her sister who was now seven years old. She did not see her sister as often as she would have liked. She visited her father at weekends but she felt this was not enough time to spend with her father and sister. She spent time with her boyfriend and his parents who she felt were supportive. Her unhappiness appeared to be related to her isolation and the breaking up of her family. She was not making any plans for the child because she felt it was too early.

It was difficult to determine if the respondents were depressed, as this is a clinical term with distinct definitions. From discussions with the respondents, it was clear that they were unhappy for a variety of reasons. Some of the respondents had lost contact with close family and friends and were unhappy with this situation. With unhappiness came a mechanical routine, where essential physical chores were achieved but emotions were not engaged. Pregnancy and motherhood are emotional experiences. For an adolescent mother negative emotional reaction was apparent when emotional support from close family members was not available.

Phase 5, Acceptance

For respondent 23 the pregnancy and birth of her child was something she felt she just had to get on with. At 14 years of age, she had no income and was depended entirely upon the help offered by her family. She felt the responsibility of the child lay with her as the mother. She spoke about the father and his gaining access to the child:

“Only if he helps. If he gives me money to bring it up. Because ah don’t see why he should if he doesn’t ‘cause my family are paying for everything and ah’, having to sacrifice everything and he is not doing anything at all at the minute”

She saw herself making sacrifices for the child. It was clear that during discussion with Respondent 23, she was not happy but there was almost an inevitable acceptance of her situation that she could do nothing to change. When asked about acceptance of the pregnancy there was a resigned acceptance of her circumstances. Her life had changed with the confirmation of pregnancy, she felt she had become an adolescent mother and was aware of the stigmatisation and labelling that accompanied this.

One aspect of the pregnancy, which had been positive for Respondent 36, was attending the Pupil Referral Unit. She enjoyed the Unit and studying for GCSEs. She enjoyed the work. She did not attend school prior to her pregnancy. Pregnancy has resulted in her attending the Unit each day and enjoying her studies. She would stay at the Unit for a further year after having the baby to complete her GCSEs. She had no idea what she would do after completing her GCSEs; she had no career aspirations for the future. The Unit as well as offering an opportunity to complete her compulsory education also provided an environment where she could take the baby and develop friendships with the other respondents. She had not considered her long-term aspirations.

Respondent 36’s pregnancy was not planned but she felt she had accepted the situation even though she was not happy with it. She felt she would be able to manage as a mother with the support of her own mother. She enjoyed attending the Pupil Referral Unit and the educational opportunities that were

offered. Acceptance of the pregnancy and motherhood had also offered educational opportunities and a realisation that she enjoyed learning, which was something she had opted out of until pregnancy.

Respondent 3 was 15 years old when she became pregnant. Her child was 1 year old and she had been attending the Pupil Referral Unit for 18 months. She has completed 6 GCSEs and her time at the Pupil Referral Unit was now ending. Her pregnancy was confirmed when she was 12 weeks gestation. Pregnancy was a shock to her. She lived with her mother and when her mother found out about the pregnancy, she wanted her to have an abortion. Her boyfriend, the father of the child who was 21 years old was pleased when he found she was pregnant and had remained with her. She did not have an abortion and continued with the pregnancy and the subsequent birth of the child. When asked about regrets, she replied:

“Well if ah could turn the clocks back ah would want to wait until later on in life”

This statement demonstrates that Respondent 3 had accepted her motherhood. Having a child at 15 years of age was not what she would have wanted but she had accepted the situation. She had had a choice; she was encouraged by her mother to have an abortion and she refused. The fact that her boyfriend was happy and stayed with her helped her in her decision.

Respondent 3 managed her finances and relied on her family for support but she had little ambition for the future. She would leave the Pupil Referral Unit within the next few weeks because she had completed her GCSEs. She would not get the results for a few months and had no opportunity to return to the Unit if she has failed any of the GCSEs. When asked about her own aspirations for the future, she responded:

“What ah wanted to do, ah wanted to do a computer course. Ah don’t know what the course was called, but its five days a week and at the end of the course, you do it for a year, you come out with four GCSE C grades, so you have got them no matter what, as long as you stick the course out. Ah wanted to do that and ah want eventually to work in a bank but ah would

probably have to re-sit me English. 'Cause ah'mm not all that good on me English"

Respondent 3 had aspirations for the future. She stated what she would have liked to experience. However, these aspirations were not fulfilled. She became a mother and attended the Pupil Referral Unit. She had wanted to work in a bank but she had no idea now how she would be able to achieve this ambition. For the near future, her plans were to continue to work at an old peoples' home at weekends to help to support the benefits she received from the State.

Respondent 34 appeared to have accepted motherhood but relied on her parents for help. Her relationship with her father was especially strong. A central aspect of her acceptance of and adaptation to motherhood had been the supporting role of her parents. Her father in particular seemed to have developed a relationship with her child. Her father had witnessed the birth of the child, which was something he had not done with his own children. The relationship the maternal grandparents had developed with Respondent 34's child reflected the relationship they would have wished to have developed with their own children as babies. She has colluded in this and encouraged her parents to help with the child.

She felt with the help of her parents that she was able to engage in an active social life. Her parents cared for the child while she went out with her friends and boyfriend. She did not socialise with the other respondents in the Unit. Respondent 34 had kept in contact with all her pre pregnancy friends and maintained her social life with them. The reason she has been able to do this was because her parents cared for the child. She did not appear to have accepted or adapted to motherhood. Her parents had assumed primary responsibility for the care of the child with her acceptance. Whilst acknowledging she was a mother had not experienced a significant change from her pre-pregnancy friendships and experiences. Her parents had colluded in this.

When asked how her relationship has changed with her parents since becoming a mother, Respondent 34 stated:

"Like they never used to treat is dead young and that they used to be stricter with is...Now they just like, you know, me mam says she looks upon is like an adult 'cause ah'mm a mother, you know what I mean? So ah think like that since ah had the baby. Ah think well she's been through exactly what we've been through so ah'mm no different"

She believed her mother had accepted her pregnancy and subsequent motherhood because she was also a mother. She stated her mother now treated her differently, like an adult because they both now had a shared experience. Like Respondent 34, her mother was also an adolescent mother and therefore could relate to her daughter's experience and understood. This situation had created for Respondent 34 an acceptance of her motherhood by her family and a move to her being considered as an adult. She viewed this position as positive and this helped her to come to terms with motherhood and cope with caring for a child and living in her own home. Because of the changed relationship with her parents, she was able to talk freely to them and discussed her feelings. Acceptance of her motherhood by her parents, she believed had brought her closer to them. She did not appear to regret the loss of her childhood and adolescent years.

Respondent 34 felt motherhood had resulted in a positive change to her status within the family. Whist respondent 34 was a mother she did not fulfil the role of mother as her parents has assumed this responsibility. It was evident that her life had not changed with the baby. She perceived she was now an adult because she had a child.

Respondent 33 and her boyfriend were living together as a family unit. However, they still had an unresolved issue of the age difference between them, specifically regarding the paternal parents who thought she was 18 years old. Respondent 33, although she felt she was an adult, had not disclosed her actual age to the paternal parents. It appeared that the paternal parents assumed she was older than her actual years and she continued to deceive them with this belief. It seemed important that she was perceived as

older. At 18 years, she believed pregnancy and motherhood would be better accepted. Her deception was underpinned by the notion that there would be a negative reaction from the paternal grandparents if she disclosed her true age. Understandably, perhaps this reaction would relate to the age difference and the legal issues surrounding this, but the paternal parents' reaction would also be focussed upon Respondent 33 being too young to become a mother.

She and her boyfriend were renting a two bed-roomed house and her boyfriend was engaged in full time employment. They lived near to her mother. Her mother helped with the care of the child. Respondent 33 was going to look for employment as soon as possible to help support the family. There was an issues regarding debt that concerned her. She was concerned about the repossession of the car and the impact of the monthly contributions had on the finances that were available. Debt was causing difficulties but this was the only problem she felt that she and her boyfriend had. Respondent 33 was keen to secure employment because she was worried about her boyfriend's debt.

Although Respondent 32 had established a stable relationship with her boyfriend, she had not accepted motherhood. She was only 4 months gestation with no visual signs of pregnancy. She felt if there were no visual signs of pregnancy then she could continue as life before pregnancy was confirmed. She knew the arrival of the baby was not immanent so she was not thinking or preparing for the baby at present. Perhaps she would adapt to her pregnancy and motherhood when physical signs of the baby became more apparent. Respondent 32's disengagement with her pregnancy and motherhood was also related to her mother no longer maintaining contact with her. Without the influence of her relationship with her mother, she was unable to adapt to motherhood. Her relationship with her father was strong and she had developed a relationship with the paternal grandparents but her mother was not there to help her adapt to motherhood and this was significant and reinforces the bond between mother and daughter.

All respondents placed significant emphasis on the support they receive from their mothers. They talked of their mothers' shock at the news of their pregnancy. Following the initial shock, reliance was placed on mothers for support and guidance throughout pregnancy and childbirth which the majority of mothers responded positively and supported their daughters. For Respondent 32 maternal support was not apparent. Without the enduring reciprocal relationship between adolescent female and mother, respondent 32 did not engage in the preparations for her child. Her father supported her but this did not replace the presence of her mother.

A number of respondents appeared to have accepted motherhood, were caring for their child, and attending the Pupil Referral Unit. Some respondents commented they had no choice and had to accept their situation. A minority of respondents relied exclusively on the parents to care for the child enabling them to continue with pre pregnancy activities. All of the respondents struggled financially with limited plans for the future. Acceptance appeared to be an acceptance of the role of mother with short-term aspirations centred upon finance to support mother and child. The majority of the respondents relied on their parents for support and this was an essential part of their acceptance.

Phase 6, Adaptation to motherhood

It was not clear whether Respondent 23 would adapt to motherhood. She was four months gestation and was adapting to pregnancy and the changes to her body that pregnancy brings. She had the full support of her family and she was now attending the Pupil Referral Unit where she was developing relationships with peers who were experiencing similar emotions and situations.

As with Respondent 23, Respondent 36 was preparing for the birth of her child with the full support of her mother. She was angry and had isolated her relationships to that of her mother and her peers at the Pupil Referral Unit. She needed support to deal with the pregnancy and she had been referred to a psychologist to help her cope emotionally with her situation.

Respondent 3 had adapted to motherhood and had established a family unit with her child and boyfriend. She managed her finances and with support from the State, her boyfriend and her family. Life was difficult for her and she was angry that she was restricted in the hours she worked and the fact her boyfriend did not officially live with her and these factors would influence the benefits she received. Her career ambitions had been put on hold because of motherhood. Her life was not how she planned it to be but she had adapted and had accepted her lot. What would happen to her now she had completed her education at the Pupil Referral Unit was unclear. There was no prospect for change to her circumstances. Finance and the need to provide for her child were the focus of her life. There appeared to be no further support to assist her to change the position she found herself.

Adaptation for Respondent 3 was not primarily focussed upon adaptation to motherhood; it was concerned with adaptation to financial struggle and hardship. Government strategy (DOH 1999, 2006) has focussed upon an avoidance of social exclusion and promotion of integration into society. Adolescent mothers are encouraged to seek employment at the earliest opportunity to support themselves and their child. Support is available for adolescent mothers but it is limited and facilitates the achievement of basic need that encourages mother to seek employment. Support was apparent for Respondent 3 but she felt it afforded her limited means for her child and herself to survive. Support did not facilitate future development and achievement of aspirations. She had aspirations but no means of realising them. She felt let down by the Government.

Respondent 34's adaptation to motherhood seemed to have caused her little distress. She enjoyed her life and was able to do all the things she did before having the child. She relied heavily on her parents for support for herself and her child. She had plans for the future to complete her exams and take up employment in travel and tourism. Her parents supported her in these plans and had offered to care for the baby. She also had developed a positive relationship with a new boyfriend who seemed to have accepted the child. It

is argues that Respondent 34 had not adapted to motherhood alone. Her parents had adapted to their daughter's motherhood and had taken over a large aspect of caring for the child to allow their daughter to continue her life as before pregnancy. She stated she needed the support of her parents to manage.

Respondent 33 felt that with the support of her mother and boyfriend she had adapted to motherhood. Her adaptation was predicated on her desire for independence. Now she was renting a house she felt that she had what she needed to set up a home for herself, partner, and child. She was proud of her house and considered herself lucky to be independent. She was aware that with adaptation to motherhood had come significant change to her life. When asked if adaptation has meant she had matured, she responded:

"I never used to go school or anything. I wasn't bothered about it, I was just like, oh well it doesn't matter, ya knaa what I mean. I was mature already like. I had to grow up quick, like me mam and dad were fighting for custody and that and I went through a lot then and like me and me sister had to grow up dead quick you know"

Because of her family history and the custody battle between her parents for their children, she believed she had matured quickly. Her experiences of being a child were not positive, her memories revolved around the problems between her parents. Respondent 33 acted older than her years and presented herself as such. Her boyfriend believed she was 18 years old. She was 16 years old, had a child of 15 months, and had established her own home.

Respondent 33 was aware of her responsibilities particularly regarding her child. She was determined to achieve success in her GCSEs to provide future security for herself and her child. She was aware of her responsibilities and this was important to her. She had a determination to succeed for herself and her child to ensure that her child did not have the experience she had as a child.

When asked about her relationship and future with her boyfriend, she responded:

"Yes. We are happy at the minute. When ah first met him he was splitting up from his ex-girlfriend and like they has a flat together and she made him leave and he got none of the furniture or anything. He was left with nothing and like ah stuck with him and ah think it has made us closer because we have been through a lot together. Like despite my age he is all right with it now and I don't think he thinks about it...I don't think about our age difference. I am only 16 and he is 24 and that. I just think well just get on with it because I have no other choice but to get on with it with the bairn and that"

She had stood by her boyfriend who was the father of her child. The age difference remains a constant issue for herself and her boyfriend but she felt they had now accepted the situation. She felt she had no choice but to make things work; she had to "just get on with it". She was proud of her child, and even though caring for a child was hard work, she felt she had a good baby. She felt at first it would be very difficult to care for a child but now she knew she has adapted well and she was fortunate.

When asked about being a mother, Respondent 33 thought the status of motherhood could bring with it respect, she stated:

"In a way, it depends on the person really because some people look down on us and they think God look at them. They think we are little sluts...They divven't think like about the things we have been through they just think we have slept about and had a baby for the money. That is the way some people look at us"

Respondent 33, like the other respondents in the study was concerned at the labelling and negative connotations adolescent motherhood received, which she felt was unjustified. She thought people around her judged and stereotyped her without recognising how hard it was to be an adolescent mother, to bring up a child with no resources and try to complete compulsory education. Respondent 33 indicated that the Government had succeeded in alienating members of the public against adolescent mothers, seeing them as a drain on the State. She was aware of popular public misconceptions that included female adolescent becoming pregnant in order to receive financial support. The evidence from the 36 respondents disputed this myth. None of

the respondents planned their pregnancy. However, they also did not actively take precautions to prevent pregnancy.

The respondents appreciated the support they received from the teachers at the Pupil Referral Unit. The teachers were perceived as non-judgemental. They supported and encouraged the respondents in their educational achievement. The teachers allowed the respondents to keep their babies with them whilst studying and maintaining responsibility for the child. All of the respondents had previously dropped out of the traditional education system. The teachers were aware, that if the Unit reflected the respondents' experience of traditional school they would not attend. The Unit accepted the respondents and their status as mothers and provided an environment that was both conducive for learning and fulfilling the role of mother. For many of the respondents the appeal of the Pupil Referral Unit was its acceptance of their situation and the non-judgemental attitude of the staff.

When Respondent 33 stated that not everyone was negative regarding adolescent motherhood she was focussing her comments specifically related to her positive experiences at the Pupil Referral Unit. The respondents felt safe at the Unit with peers who were experiencing similar circumstances. The Unit provided a safe environment for the respondents and their children. The Pupil Referral Unit was tailored specifically to the needs of adolescent mothers. It is argued that the unit also contributed to the further exclusion of the mothers from mainstream education and childcare.

Respondent 33 like many of respondents was aware of what the Government was doing:

"I don't know the Government has something against us. They want to put us in hostels. Like we are entitled to get a council house because we have a baby and because we were pregnant young, that Government is just bad"

None of the respondents in this study lived in hostel accommodation. Respondent 33 was one of the few that had secured council accommodation. The majority of the respondents lived with their maternal parents. A

significant number of respondents wished to have their own home, located near to their parents. However, council waiting lists were long. The respondents did not believe they had any preferential treatment from the Government. They were clear they would not live in hostel accommodation, which they felt would be unsatisfactory for both the child and themselves.

For all the respondents in the study, nuclear families had extended to incorporate the baby and stretched accommodation to ensure that mother and child had a place to live.

Respondent 33 understood and experienced Government policy. She stated:

“Ah think it is just a case of they don't want us on income support, like money off the State and that. They don't want to be giving us it and they don't want us like living in council houses and getting our rent paid...that all it is really. They don't think of our situation, they think that by living in hostels they will get people to help us with the babies. Well we don't need help. You just get on with it”

She objected to the Government assumption that adolescent mothers needed help to care for their babies. She felt strongly that herself and the other respondents in the Unit were able to care for their children, what they needed was financial support. When asked if she could cope, she replied:

“Straight away I knew I had already looked after babies and that. Straight away ah knew what ah had to do and the Government are like saying people will be there to be a help to us and we don't need help. We got ourselves into having babies and we don't need people to tell us and show us what to do and that, you knaa what I mean?”

Respondent 33 alluded to the recognition of a maternal instinct. She felt as a mother that she was intuitively able to care for a child. The issue of age did not impact upon maternal ability to nurture a child. The majority of the respondents did not need help to fulfil the role of mother. Respondent 33 was clear where she believe adolescent mothers did need help. They needed financial support and suitable accommodation so they could fulfil their maternal role without the constant worry about finance.

Observation of the respondents within the Unit supported Respondent 33's assertion all of the respondents provide appropriate physical care for their children without assistance. The emotional bonds or reciprocal relationships between the respondents and their children were more difficult to observe particularly in the environment of the Pupil Referral Unit. The mothers assumed they had matured because of motherhood and the responsibility of caring for a child. However, the majority of the mothers relied on their parents and in particular their mothers for support. Adaptation to motherhood is a difficult concept and is influenced by a range of circumstances including age and development of the child, financial hardships for the adolescent mother, accommodation, and lack of long term Government investment to increase the potential for financial independence and employment.

Summary

This chapter has explored the respondents' feelings and emotional responses to pregnancy and motherhood. A range of theoretical approaches exists that consider the status of women and in particular the role of the mother (Arendell 2003, Benn 1998, Chadorow 1985, Fildes 1990, Lawson and Rhode 1993, Riddick 1993, Oakley 1985). There is little explicit reference to the position of the adolescent mother. It is therefore difficult to conclude if the experiences of an adolescent mother differ to the common interpretations of motherhood.

Conceptual models are useful to analyse data and draw conclusions and can begin the process of theoretical development in a specific subject area when data is insufficient to support the substantiation of a new theoretic approach (Fawcett 1989, Reihl-Sisca 1989 and Pearson et al 1996). The conceptual model utilised to analyse the study data was based on the work of Kubler-Ross (1970) with the five stages or phases model. The conceptual model facilitates flexibility and recognition was given to other theories that could impact upon the role of the mother. Theories of reciprocity and social relationships explore the relationships developed within families specifically between parents and siblings. It is argued that the relationships between parents and siblings during childhood and adolescence can prepare for siblings life outcomes (Ross, Stein et al 2005, Stemmler and Peterson 1999).

When applying the conceptual model to the data a further phase was identified, the adaptation to motherhood. In addition to the acceptance of motherhood, the respondents also experience a process of adaptation. The data revealed some respondents adapted to the role of mother whilst dealing with the five stages or phases of emotional response identified by Kubler-Ross (1970) which include denial, isolation, anger, bargaining, and acceptance. Some respondents moved through all stages other respondents experienced only a few of the stages and did demonstrate acceptance or a beginning of a process of adaptation. Respondent did not demonstrate a linear progression through the stages and the stages were not time limited. The stages were transient in nature and could be revisited. Significantly, the final stage of adaptation was also transient and linked to stages of pregnancy, motherhood, and child development.

Kubler-Ross (1970) identified the concept of hope as a theme present within all the emotional stages of dying. Hope is present in the final stage of the conceptual model when patients accepted death but hoped for a peaceful death when all lives issues are reconciled. For the respondents in this study hope is also apparent. There was hope for the future, things would turn out all right, and they would adapt to motherhood and remain hopeful for themselves and their child. Many of the respondents spoke of future career aspirations, getting their own home, being less dependant on family and the state and the prospects of finding a long-term partner and marriage. Hope was tempered as aspirations were articulated but processes to achieve aspiration were not clear and unsupported by Government strategy.

In the final Chapter the discussion and conclusion, a summary of the study aims, outcomes, and methodology is presented. The position of adolescent motherhood is discussed with an overview of the research findings and their significance. An evaluation of the usefulness of the Adaptive Model in exploring the experiences, needs, and emotional responses of the 36 respondents will be considered. The limitations and strengths of the study will be presented with recommendations for further research.

Chapter 8 - Discussion and Conclusion

Adolescent Motherhood: An Overview

Similar to the stages of death, the stages of life known as adolescence have been marked with a number of distinguishing factors including a child's passage through to adulthood with its accompanying changes to the body and emotional responses through a process of hormonal changes within the body (Chambers, Wakeley and Chambers, 2001). Kubler-Ross (1970) suggests when an individual completes all the stages of life and faces dying and death then they complete the life circle and move back to the commencement of life and dependence.

Traditionally changes in the female body are related to preparation for reproduction. With the increasing healthy diet within the West specifically; young women's bodies appear to be preparing for reproduction as early as 10 years of age with the commencement of the menarche (Firestone 1991). Adolescent bodies experience major changes including the preparation of the female body for reproduction. Because the age of physical maturity has decreased over the last 50 years the risk of adolescent pregnancy has subsequently increased (Arendell 2000, Arai, 2003, Beckey and Whitelegg 1986). The body is developing at a faster rate than the emotions, so even though a child may look physically mature, emotionally they may well still be immature (Coleman and Roker, 1998, Klepinger, Lunberg and Plotnick 1995). The changes are more evident in females than in males who appear to develop physically and emotionally at a later date, traditionally between 15 and 17 years of age (Burgess 1997).

Young men and women between the ages of 13 and 19 years, many with the support of parents, teachers and peers make their way through this unpredictable journey of adolescence often suffering from emotional responses that represent the wide ranges of a continuum from euphoria to depression. It is known that adolescent depression is a significant problem. The number of young people who are medicated for depression is increasing (Department of Health, Every Child Matters 2004). Adolescent suicide,

especially among young men, crime, drug and alcohol abuse is increasing in the West at an alarming rate (Coleman and Roker 1998). Many adolescents reach maturity and progress to adulthood relatively unscathed but a significant number of young men and women endure problems during their adolescent years that remain a chronic issue throughout their adult life. Problems include depression, criminality, drug and alcohol abuse (Bridis 1993).

Adolescent pregnancy in the West is perceived as a problem and not a desired outcome of the adolescent years (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). Pressure to reduce adolescent pregnancy from the current 9.5% of total UK pregnancies to 4.5% of total UK pregnancies by 2010 is related not to the fact that adolescent females physically are certainly mature enough to reproduce but it is considered psychologically they are not mature enough to bear a child. The majority of adolescent females who bear a child are single parents who are unable to support themselves and their child. Therefore there will be an enduring dependence upon the State and family for financial and emotional support. (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006).

The Government over the last 10 years in particular has spearheaded a campaign to reduce adolescent pregnancy in the UK. The statistics prove that the increase in adolescent pregnancies and subsequent motherhood are related to the lower social classes, with areas within the North East of England recording the highest levels (Northumberland County Council 2006). Adolescent pregnancy is also significant within the middle classes but the incidence of social abortion is far greater within the middle class adolescent female population than their working class equivalence (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006). Studies suggest that those women who have undergone an abortion at an early stage experience long term psychological problems over the loss of a child and also may suffer from physical symptoms including problems with infertility in later life when they embark on planning to have a child (Lunberg and Plotnick 1995).

The Government has recognised that education is a key element in reducing adolescent pregnancies and sex education programmes form an intrinsic part of the curriculum commencing in primary school and continuing until compulsory education is complete (Department of Education and Skills, 2003). The campaign has not demonstrated the success the Government expected, rates of adolescent pregnancy are not reducing as predicted.

The population of the United Kingdom is living longer, with an average life expectancy for women being 87 years and men 85 years (Department of Health, Social Exclusion Unit Action Plan 2006). The population is ageing, which has a similar effect to that of adolescent motherhood in that number of people seeking financial support from the State is increasing. The Government at the present time needs to complete a risk assessment exercise, weighing the cost of adolescent pregnancy and motherhood against the cost of an ageing population with its subsequent cost to the economy. With investment adolescent mothers and their children can make a positive contribution to the economy

Statistics demonstrate women are choosing to have children later in life or not to have children at all and concentrate on a career. The average age to bear a child is now between 25 and 35 years of age (Arendell 2000). The Government are now considering incentives to increase the attractiveness of motherhood by increasing maternity financial benefits and benefits to the child (Department of Health, Every Child Matters 2004). With increasing female age comes the risk of reproductive problems. Women are more likely to have problems with conception as the female reproductive cycle is moving towards its next stage the menopause, which occurs, on average between 40 and 50 years of age. This is evidenced by the unprecedented numbers of women who are demanding help from the State with fertility problems. The cost of fertility treatment to the National Health Service is increasing (Department of Health, Every Child Matters 2004). The number of babies born prematurely is also increasing with a cost of £5,000 per day to keep a premature baby alive

in a Neonatal Intensive Care Unit (Department of Health, Every Child Matters 2004).

It is argued the Government needs to recognise that it has wrongly labelled adolescent motherhood as a problem. By labelling adolescent motherhood as a problem it has created a society which is choosing to have children later in life, with its associated problems, or not to have children at all. The population of older people is increasing. The result of this strategy has been an increased drain on the State resource and a Government strategy that is not cost effective in the short or long term.

At the time of this study the 36 respondents became pregnant when the Government strategy to reduce adolescent pregnancy was gaining pace. The 36 adolescent mothers who comprised the respondents in the study experienced society's disapproval through stigmatisation and negative attitudes towards both themselves and the care of their child. Not only did the respondents face the emotional and physical journey of adolescence but also they attempted to adapt to pregnancy and motherhood where they were perceived a problem and drain on the economy.

This contextualisation of the position of adolescent motherhood in society in the late 20th century provides a backdrop in recognising the position of the 36 respondents in the study.

Background to the Study

The study focussed upon the experiences and needs of a group of 36 adolescent mothers. The study setting was a Pupil Referral Unit located in the West End of Newcastle in the North East of England. Pupil Referral Units were initially introduced in the United Kingdom during the early 1990s to offer an educational provision to adolescent mothers who were experiencing difficulties with mainstream educational provision. In 1997 the population of North East of England was 259,536 thousand. The population in the West End of Newcastle was 22,376. The population statistics for the West End of Newcastle in 1997 demonstrated 21.1% of the population were under 16 years

with 7.8% lone families. The ethnic profile of the North East of England revealed 93.1% of the population was white (www.newcastle.gov.uk).

The 36 respondents in the study were drawn from a 10 miles radius in the West End of Newcastle. All of the respondents were white adolescent females from similar working class backgrounds. All were aged between 14 and 16 years old when they joined the Pupil Referral Unit. All of the respondents had a history of chronic truancy (In the North East of England truancy rates between 1996 and 1998 ranged from 11.4% – 10.3% half days missed (www.dfes.gov.uk). The majority of the respondents had not planned pregnancy but did not actively take precaution to avoid pregnancy.

The Study Design

The Pupil Research Unit provided a qualitative research opportunity for observation, participation, interaction and reflection which formed the key components of the study's methodological framework (Strauss and Corbin 1990, Holloway and Wheeler 1996, RCN 1997, Jeon 2004). A grounded theory approach (Strauss and Corbin 1990) facilitated the development of rich data reflecting the observation and interaction with the respondents.

The initial objectives of the study were identified

The Initial Objectives of the study
1. To explore the experiences of 36 adolescent mothers who were completing their education in a Pupil Referral Unit
2. To document the social and economic experiences of these mothers including the coping strategies they employed
3. To examine their perceptions of the support systems offered in a Pupil Referral Unit for adolescent mothers

A grounded theory approach was useful as it supported the objectives of the study in discovering the experiences and needs of the respondents and the

coping strategies they employed. The professional expertise and knowledge base of the researcher proved to be useful in establishing an effective rapport with the respondents. Objectivity within the study did prove to be difficult as observing and communicating with the respondents and the Unit teachers predisposed to participation and reference to professional knowledge and expertise.

Methodology

The study comprised three methodological approaches:

Methodological Approaches	Date
The Observation Period 1 day per week for a 3 month period observing the respondents in the Pupil Referral Unit setting. A Reflective Diary was maintained to document researcher reflections on observations	1997
Focus Group Interviews 5 focus groups	1997
Semi-Structured Interviews 14 individual semi-structured interviews	1999

The environment in which the study took place proved difficult in considering the utilisation of a pilot study to test the methodological approaches. Because of the transient nature of the respondents it was difficult to predict that the study population of a pilot would reflect the actual population in the study. It is also worthy of note that collection of data proved difficult because the respondents had their children with them constantly and this was the major drawback in transcribing, a pilot would not rectify this situation.

Observation Period

Discussion took place with the Unit's head teacher who suggested it would be appropriate to spend a period of time to get to know the respondents who were very suspicious of strangers. Commencing in January 1997, over a three month period one day per week was spent in the Unit. During this time a reflective diary was kept observing the respondents in the setting of the Pupil

Referral Unit. Observations revealed insights into their engagement in the education process, their interaction with each other and their mothering skills.

Focus Group Interviews

The next stage of the study involved the focus group interviews. Five dates for the focus group interviews were agreed with the head teacher over a period of two months (October – November 1997). The focus group interviews were completed on agreed dates with the head teacher building the timings of the focus groups into the established unit timetable. The themes generated from the observation period and literature provided a useful prompt for facilitating group discussion and generated rich data. The analysis process began by a transcription of the tape-recorded focus group interviews. Initial interrogation of the data involved a content analysis of each of the focus group interviews. The data from each focus group interviews was initially categorised under 4 main theme headings that had been used as prompts within the focus group interviews. The findings of the focus groups interviews provided significant insight into the experiences of the respondents.

The original objectives of the study were re examined following analysis of the data that emerged from the focus group interviews. They were modified to reflect the data emerging thus far and to focus the progression of the study.

Modified Objectives
1. To explore the realities of adolescent motherhood drawn from the experiences of a group of 36 respondents attending a Pupil Referral Unit.
2. To identify the views of the respondents regarding the status of men in their lives.
3. To investigate the forms of support required by the respondents.
4. To discuss the respondents perceptions of stigmatisation.
5. To examine the value the respondents attached to education.

Semi-Structured Interviews

On further exploration of the data to ensure the validity of the themes and lines of enquiry it became apparent that the rich data had an additional set of dimensions that had been missed in the initial interrogation of the themes and lines of enquiry. Whilst the themes and lines of enquiry remained significant the opposing and overlapping dimensions were also recognised.

Dimensions of Adolescent Motherhood

- Maturity versus Immaturity
- Caring For A Child versus Being Cared For
- Responsibility versus Freedom
- Fatherhood versus Motherhood
- Dependence versus Independence
- Aspirations versus Acceptance

Each interview was tape recorded and transcribed and the data analysed following the grounded theory technique advocated by Strauss and Corbin (1990) and Glaser (1998). The semi-structured interviews provided an opportunity for the respondents to describe their individual experiences of motherhood. Whilst each respondent's experience was an individual account shared experiences emerged from the data, which supported and expanded upon the lines of enquiry, categories and dimensions previously identified within the observation period and focus group interviews.

Findings

A strength of this study has been the clear identification of the categories, themes, lines of enquiry and opposing dimensions that have emerged from the data. Through the use of grounded theory methodology the experiences and needs of this group of adolescent mothers are highlighted. The three methodological approaches provided insight into the experiences and needs of the 36 respondents:

The observation phase of the study proved to be valuable in providing a context to the study environment and gaining insight into the respondents'

feelings, experiences and interactions with their peers, children and the Unit teachers. Relationships between the respondents were observed. It was clear from the observation period the Pupil Referral Unit provided a structure for the respondents' day. They enjoyed the Unit because they were treated as adults. They cared for their children as well as followed an individual course of study. They also developed friendships and established support mechanisms.

The focus group data explored the respondents' experiences of motherhood, the support they received and the stigmatisation they experienced. The respondents shared their experiences and needs and the coping mechanisms they utilised. Relationships with the family, father of the child and friends were recounted. Evidence revealed the respondents relied on their families for support. The majority of maternal parents had accepted their role to support their daughter and grandchild.

The respondents recognised they were a stigmatised group but they appeared to accept this situation. They found it difficult to understand members of the public or Social Services who they believed were unjustifiably critical of them as mothers. They recognised that adolescent motherhood was common in society. They did regret motherhood at an early age. They had aspirations for the future but there was little evidence of systems in place to help them achieve their aspirations.

The semi-structured interviews, unlike the observation period and focus group interviews revealed the range of emotional reactions the respondents experienced including denial, isolation, anger and acceptance. Many of the respondents were skilled in caring for siblings and had little problem in adapting to the physical care of their child. However there was little evidence of the development of an emotional bond between respondent and child. Emotional reactions were evident within the semi-structured interviews but these centred on the respondent not the relationship with the child. The respondents are able to care for their child but needed support for the emotional impact of motherhood on their lives.

What became clear following the completion of the semi-structured interview analysis is that the themes, lines of enquiry and dimension were underpinned by an emotional reaction. The mothers demonstrated a range of emotions responses following the confirmation of pregnancy and final adaptation to motherhood. Emotional responses included denial, anger, isolation and acceptance. The emotional responses demonstrated by the adolescent mothers were not specific to motherhood. Similar responses are evidences in reactions to life crisis. Kubler-Ross (1970) conceptual model of death and dying proved a useful tool in identifying five stages patients can pass through when preparing for death. Evidence of the stages or phases were apparent in the respondents' reaction to pregnancy and motherhood. A conceptual model can be a useful tool in which to structure and analyse data and form a basis for further theory development but caution is exerted that the model is not applied rigidly. Other theoretical approaches were considered that may impact on adolescent development and family relationships (Ross, Stein et al 2005, Stemmler and Peterson 1999).

The application of the conceptual model in the final phase of the study revealed in addition to the acceptance of motherhood, the respondents also experienced a process of adaptation. The data revealed some respondents adapted to the role of mother whilst dealing with the five stages or phases of emotional response identified by Kubler-Ross (1970) which include denial, isolation, anger, bargaining, and acceptance. Some respondents moved through all stages other respondents experienced only a few of the stages and did demonstrate acceptance or a beginning of a process of adaptation. The stages were transient in nature and could be revisited. Significantly, the final stage of adaptation was also transient and linked to stages of pregnancy, motherhood, and child development.

The study has highlighted the experiences and needs of a group of 36 adolescent mothers attending a Pupil Referral Unit in the North East of England. The respondents' demonstrated motherhood was hard. They were aware they were a stigmatised group who received little public sympathy. In

their adaptation to motherhood they relied on support from their families, their peers and the Pupil Referral Unit. They relied on the State for financial support but this was limited and it was difficult to envisage how they would become independent and establish a home for themselves and their child. For the majority of the respondents the biological father did not contribute to the care of the child. For a number of biological fathers access to the child was denied. The respondents had aspirations for the future. However, it was not clear once they completed their compulsory education how their aspirations would be realised without Government support. The emotional responses of the respondents in their acceptance and adaptation to motherhood were explored. The respondents demonstrated a range of responses including denial, isolation, anger, bargaining, depression, acceptance and finally adaptation. Not all of the mothers demonstrated they had adapted to motherhood. However it is argued adaptation is not a constant state and reflects the stages of pregnancy and motherhood and well as the stages of child development.

A Critical Reflection on the Strengths and Limitations of the Study

This is a qualitative study where it is acknowledged generalisability is limited. The nature of the transient population of the Unit and the absence of a pilot study add to the limitations of the study and its credibility. The capacity of the Pupil Referral Unit was 36 respondents. However the 36 respondents did not comprise a cohort. Respondents joined the Unit at different times and stages of pregnancy and motherhood. A minority of respondents engaged in all 3 methodological approaches. However, the emerging themes, lines of enquiry and dimensions that emerged from the methodological approaches demonstrated consistency of response which reflected the similar demographic profile shared by the respondents.

The position of the researcher as an academic and midwife underpinned the development of an effective rapport with the respondents. The respondents demonstrated trust and a respect for the researcher and sought advice regarding aspects of motherhood. The nature of the study made it difficult for

the researcher to retain an objective approach. However the advantage of developing an effective rapport with the respondents contributed to the richness and quality of the data.

The modified objectives of the study were achieved in that the realities of adolescent motherhood were explored within the study. The respondents expressed mixed views regarding the status of men in their lives specifically the biological father. The majority of the respondents lived with their parents and relied upon them for support for themselves and their child. Financial support was received from the State but for the majority of the respondents this was not sufficient. The respondents received support from their peers in the Pupil Referral Unit with whom they shared similar backgrounds and experiences.

In addition to the achievement of the modified objectives a further aspect of the respondents experiences of pregnancy and motherhood emerged. The objectives failed to capture the respondents' emotional responses to their adaptation to motherhood. A weakness in determining specific objectives in a qualitative study is that responses can not be pre-determined. The modified objectives proved to be narrow and whilst achieved did not reflect the depth and quality of the respondents experiences.

The presentation of the data within the three methodological approaches has led to a degree of repetition. Themes and lines of enquiry have remained constant throughout the study regardless of the transient nature of the 36 respondents. On reflection the emerging themes could have formed the basis of the analysis with contribution to each theme from the methodological approaches. This would have reduced repetition and ensured a robust analysis of the total data to support each of the themes.

Conclusion and Recommendations

Government Policy has succeeded in identifying adolescent motherhood as a problem without any distinction being made between planned or unplanned pregnancy and motherhood. The aim of Government Policy is to half the current rate of adolescent pregnancy to 4.5% of total pregnancies by 2010. In this crude figure distinction is not made between pregnancy and motherhood. Approximately 50% of all adolescent pregnancies are terminated therefore the actual number of live births is considerably less.

The literature reveals that single motherhood, either primary or secondary is now more common than motherhood within a stable relationship. Adolescent mothers are therefore not acting outside of society's norms. Vulnerable single parents live in poverty in the United Kingdom across the age spectrum therefore it is not clear why adolescent mothers are perceived as a specific problem. The popular perception is that adolescent mothers are immature and therefore not capable to care for a child. The study revealed all respondents were competent in the physical care of the child. However they were aware they were constantly observed and judged. On occasions respondents had to defend their care to social services departments

The majority of respondents in this study demonstrate they receive support primarily from the family. The family is extended to accept mother and child. A minority of the respondents lived in their own accommodation. The respondents could not afford to live independently; therefore they dispelled the myth that they plan pregnancy to receive state benefit.

All of the respondents had returned to complete compulsory education following a history of chronic truancy. Pregnancy was not the reason the respondents dropped out of School however it was a consequence. Evidence suggests that for some of the respondents they did not feel comfortable in a traditional school environment.

The Pupil referral unit provided the respondents and their children a structure to their daily lives as well as educational instruction. The respondents were

able to establish relationships with peers and develop coping strategies. However the value of the Pupil Referral Unit is questioned. The Unit served to further isolate the respondents and increase stigmatisation. The respondents were vulnerable when they went out alone with their child as they were criticised. The Pupil referral Unit provided a safe haven.

The Government Social Exclusion Policy (Department of Health Social Exclusion Unit Report 1999, Social Exclusion Unit Action Plan 2006) has served to isolate and exclude adolescent mothers. The Government advocate social inclusion and supporting single parents to be successful. The respondents in this study were not supported to achieve their future aspirations for themselves and their children. Short term investment by the Government would realise long term success for adolescent mothers. Investment in education and childcare will result in adolescent mothers making a positive contribution to both society and the economy. Single motherhood in the 21 Century is a social norm therefore the stigmatisation of adolescent mothers can not be justified.

Recommendations

The recommendations are categorised as follows:

National

- Development of a policy that supports the positive recognition of planned pregnancy and motherhood for adolescents
- Recognition of the realistic social and economic support needed by adolescent mothers
- Recognition of the need for short term educational and social care investment in adolescent mothers and their families to lead to a long term positive contribution to society and the economy
- Recognition of the role and status of the fathers of an adolescent pregnancy
- Recognition of a need to address the appropriateness of a "one size fits all education system"

- Acceptance of adolescent mothers within traditional mainstream education who are not “socially excluded”
- Accurate statistics of children who drop out of traditional education with a clear recognition of contributing factors
- Research funding for a longitudinal study that focuses on the impact of a positive strategy for adolescent pregnancy and motherhood

Regional

- Application of Government strategy to meet local needs
- Positive local sexual health and education
- Young peoples forums with health, social and education practitioners
- Youth theatre in Schools – adolescent teaching adolescents
- Local research projects to evaluate practice and policy change
- Evaluation of truancy, literacy and numeracy rates as well educational access for adolescent mothers

Practice

- Recommendations for professional education to address the needs of adolescents in education, health and social care
- Evaluation by adolescents of services they receive and there appropriateness

In terms of the stages of pregnancy and motherhood the needs of adolescent mothers are categorised into the following:

Preconception

- Knowledge of reproduction, contraception and relationships to enable adolescents to make an informed choice regarding pregnancy planning and spacing

Antenatal

- Once pregnancy is confirmed then adolescent mothers should be accepted as a member of the pregnancy population, not labelled or stigmatised

- Antenatal classes should be arranged around school attendance

Intranatal

- Effective preparation for birth is important for adolescent mothers, fear being a major cause of pain in labour
- Sensitive care from non discriminatory health and social care practitioners

Postnatal

- Ensuring support is in place for the mother and family unit
- Focus on emotional bonds as well as caretaking skills
- Promotion of health of mother and child

Childrearing

- Support with nutrition, immunisation, adequate housing and education for the adolescent mother
- Ensure knowledge of family planning and spacing
- Positive reinforcement of motherhood status
- Acceptance of the positive aspects of adolescent motherhood

Personal Contributions to the Subject Area

International

- Research collaboration: studies in North East England and Georgia, USA
- International conference presentations: Georgia, USA; Copenhagen, Denmark; Vienna, Austria.

National

- Peer review publications
- Newspaper interviews
- Book chapter (2006)
- Conferences in health, social care and education
- Adolescent national research group

Regional

- Local conference presentations and study days for health and social care practitioners

- Development of the regional adolescent pregnancy strategy
- Advice on programmes in sexual health and relationship education
- Presentations in schools
- Presentations to health, education and social care practitioners
- Curriculum development for health, social care and education practitioners

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Identification of Respondents and Dates of Observation Period, Focus Group and Semi-Structured Interviews

Three month Observation Period and Identification of those Respondents who Communicated with Researcher (Documented in Reflective Diary)

January 1997

Respondent 1

Respondent 2

Respondent 3

Respondent 4

Respondent 5

Respondent 6

Respondent 7

Respondent 8

Respondent 9

February 1997

Respondent 1

Respondent 5

Respondent 6

Respondent 10

Respondent 11

Respondent 12

Respondent 5

Respondent 6

March 1997

Respondent 1

Respondent 10

Respondent 13

Respondent 9

Respondent 12

Respondent 13

Respondent 6

Respondent 9

Dates of Focus Group interviews and Respondents Present
Focus Group 1, 27 October 1997
Respondent 2
Respondent 7
Respondent 12
Respondent 14
Respondent 15
Focus Group 2, 28 October 1997
Respondent 3
Respondent 16
Respondent 17
Respondent 18
Focus Group 3, 3 November 1997
Respondent 9
Respondent 11
Respondent 19
Respondent 20
Respondent 21
Focus Group 4, 4 November 1997
Respondent 5
Respondent 22
Respondent 23
Respondent 24
Focus Group 5, 11 November 1997
Respondent 10
Respondent 25
Respondent 26

Dates of Semi Structured Interviews and Respondents Present

21 June 1999

Respondent 4

Respondent 27

Respondent 28

Respondent 29

Respondent 30

28 June 1999

Respondent 31

Respondent 32

Respondent 33

Respondent 34

8 October 1999

Respondent 3

Respondent 6

Respondent 35

1 November 1999

Respondent 23

Respondent 36

Profile of Respondents in Semi Structured Interviews

Date of Interview, 21 June 1999

Respondent 4

1. Concealed Pregnancy
2. Age of pregnancy 15 years
3. Defining the concept of maturity and motherhood
4. Respondent's experiences of childcare within the family prior to own child
5. Having a baby is hard work and support needed, usually from other female family members
6. Good relationship with maternal grandparents
7. Maternal grandparents shocked but accepting
8. Family history of adolescent motherhood
9. Maternal grandparents separated
10. Problems visiting extended family by public transport
11. Support offered by family who live within walking distance
12. Support from father of the child
13. Plans to move in with father of the child
14. Birth partner – stereotypes
15. Absence of State benefit for the under 16 years mother
16. Legal status of the father and provision of support
17. Loss of social life
18. Paternal grandparents good relationship with child
19. Loosing contact with friends because of pregnancy and because of relocation of school
20. Having a partner means a loss of single mother status and isolation by peers
21. Childcare, a full time job, not only caring for own child but also for siblings within the family
22. Regrets about having a child at 15 years but no regrets about the child
23. Pupil Referral Unit gives a structure to an Adolescent Mothers life – do not want to leave
24. Plans for the future – aspirations clear however no plans to achieve them
25. Marriage in the future and more children

Date of Interview, 21 June 1999

Respondent 27,

1. Age of pregnancy 15
2. Being a mother at 15 is great deal of responsibility, but no regrets other than too young
3. Stable relationship of 2 years, unclear if partner is father of the child
4. Partner receives State benefit – jobseekers allowance, is unemployed but looking for employment
5. Couple have own house
6. Relied on family for financial help
7. Nothing in common with friends who are not mothers

8. Little social life
9. Maturity with motherhood
10. Would not work until baby went to full time nursery or school
11. Motherhood is ageless; having a first baby is the same for 15-year-old as a 26-year-old.
12. Maternal grandmother upset and shocked but then accepting. No contact with maternal grandfather and little contact with paternal grandparents
13. Live for today
14. Partner shares responsibility for caring for the child
15. Plans to get married in the future
16. Decorating and furnishing own house is important even though realistically furniture would be secondhand
17. Received secondhand baby clothes from family and friends
18. Likes Pupil Referral Unit primarily for contact with other mothers, able to take baby and avoidance of boredom
19. Motherhood brings a reason to go to school, did not attend school prior to becoming pregnant

Date of Interview, 21 June 1999

Respondent 28,

1. Age of pregnancy – 15
2. Matured since having a child
3. Motherhood is hard work
4. Loss of social life
5. Current boyfriend not the father of the child
6. Current boyfriend unemployed
7. Living at home with parents, dependant on parents for financial support
8. Parents keen for mother to complete education
9. Nothing in common with previous friends, they are immature
10. More to life than securing a council flat
11. Happy to stay within parents home
12. Motherhood brought a loss of freedom
13. Motherhood made planning for the future very important, important to do well in education
14. Secured a place at college with the State paying 50% towards childcare and parents paying the remainder
15. Having the child in full time nursery means more time to do things with life
16. Good relationship with parents after initial shock of pregnancy.
17. Two brothers also live with parents including one of brother's girlfriends who was also a mother but did not have the child with her
18. Poor relationship between the 2 adolescent mothers within the parental home, one with a baby one without
19. Poor relationship with child's father and paternal grandparents who do not see the child
20. Saving money received from the State for holidays, depends totally on parents for financial help

Date of Interview, 21 June 1999

Respondent 29,

1. 14 when became pregnant, 15 when had the baby
2. Parents suspected pregnancy before mother
3. Father was most upset, but parents were supportive
4. Lived at home with parents and four other brothers
5. Matured with pregnancy but parents still regarded mother as a child
6. Little support from father of child
7. Had two boyfriends since having child but prefers to be alone
8. Would like more children and marriage in the future
9. Enjoyed the Pupil Referral Unit but hated traditional school
10. Exercises and diet to regain pre pregnant figure and weight
11. Little social life
12. Expectations for the future but no money for childcare, would like to go to college to become an air hostess
13. Aspirations for a council flat

Date of Interview, 21 June 1999

Respondent 30,

1. Reluctance to speak, nervous and withdrawn
2. 15 years old, 19 weeks pregnant
3. Pregnancy confirmed at 3 months gestation
4. Excited about being pregnant and becoming a mother
5. Not obviously pregnant at time of interview
6. Parents had been accepting and supportive
7. Living in parents home
8. Still socialised and had friends but know this would change with motherhood
9. Had stopped smoking with pregnancy and attempting to stop drinking
10. Unaware of financial benefits entitled too
11. Felt experienced in caring for a baby
12. Referred to the Pupil Referral Unit by local doctor
13. Father of child had been a one night stand, he was unaware of pregnancy
14. Unsure whether to inform the father of the child
15. Now has a new boyfriend who is aware of the pregnancy
16. Plans to complete exams and would like to become a hairdresser

Date of Interview, 28 June 1999

Respondent 31,

1. 15 years old – 16 weeks pregnant
2. Father accepted pregnancy mother was very upset
3. Parents separated, living with mother, brother and sister living with father
4. Mother now very supportive
5. No plans for the future
6. No plans for baby – too early in pregnancy
7. Expelled from traditional school where attendance was sporadic
8. Few friends
9. Boyfriend is father of child

10. Relationship with boyfriend coming to an end
11. Good relationship with boyfriend's mother
12. Violent towards boyfriend
13. Matured and settled down with pregnancy

Date of Interview, 28 June 1999

Respondent 32,

1. 16 years old – 16 weeks pregnant
2. Spontaneous miscarriage, pregnancy had been twins, one fetus surviving
3. Reluctant to talk about loss of one twin
4. History of twins within both mother and father's families
5. Felt would have been able to cope with twins
6. Parents initially shocked but now very supportive
7. Parents separated, lived with father, mother 65 miles away
8. Two younger brothers who live with mother
9. Moved to Newcastle to live with father and be near boyfriend
10. Boyfriend's parents very supportive
11. Engaged
12. Secured a council house with furniture given by an uncle
13. Very positive about Pupil Referral Unit, will bring child to Unit
14. No real plans for future employment
15. Boyfriend 20 years old, never been employed
16. Felt as though become more responsible and mature since becoming pregnant

Date of Interview, 28 June 1999

Respondent 33,

1. 16 years old, pregnant at 14, had child when 15
2. Child is now 18 months old
3. Parent guessed daughter was pregnant
4. Parents separated, told father over the telephone
5. Stepfather upset when not told immediately
6. Complicated relationship with boyfriend, lied about age, said was 18
7. Boyfriend feared been accused of rape
8. Paternal grandparents still not aware of mother's age, thinks she is 18
9. Boyfriend now 24, mother 16
10. Lives with boyfriend in council house
11. Boyfriend in employment
12. Perceives education is important to secure future for child
13. Wants to be a midwife
14. Will leave Unit this year but want to stay to study for more exams which is not possible
15. House proud, all spare money goes on child and house
16. Enjoyed living on own
17. Feels has matured since becoming a mother now appreciates the value of education
18. Elder sister who helps with child
19. Good relationship with boyfriend
20. Does not socialise with old friends, has made friends with other

mothers

21. Enjoyed labour and having the baby
22. Aware of stigma of motherhood
23. Disagrees with the Government's Social Exclusion Policy
24. Unsure of marriage in the future

Date of Interview, 28 June 1999

Respondent 34,

1. 14 years became pregnant, 15 years became a mother
2. Pregnancy confirmed at four months, suspected by maternal parents but denied by mother
3. Father of child denied paternity, never seen child no contact with mother
4. Anger felt towards father of child, would like a blood test to confirm
5. Paternal grandparents unaware they have a grandchild
6. Mother now has a new boyfriend who is 20
7. New boyfriend has accepted child but no long terms plans for the future
8. Living with parents
9. Parents very supportive, care for child and provide financial support
10. Receives little State benefit
11. Lives at home with parents and older sister, happy with this arrangement until 18 years old
12. Felt had matured with motherhood, but it was hard work
13. Good quiet baby
14. Would have more children if they were quiet
15. Likes the Pupil Referral Unit
16. Would like an evening job
17. Would like to go to College and work in a travel agents
18. Parents allowed mother to go out and socialise with friends
19. Still retained old friends
20. Positive relationship with family, youngest child
21. Would like to marry in the future

Date of Interview, 8 October 1999

Respondent 3,

1. 15 years old when became pregnant, 16 when delivered baby
2. Baby now 1 year old
3. Attended Unit for 18 months, completed exams and leaving Unit
4. Shocked when discovered pregnant
5. Mother tried to persuade to have abortion, wanted to keep baby
6. Stable relationship with father of child, engaged but no plans for marriage
7. Living with child and boyfriend in council house, boyfriend not officially living there to secure more money from State
8. Works part time in an old people home, but can only earn £15 per week with income support
9. Money is tight, grandmother buys child's clothes
10. No contact with own father
11. Lives near mother
12. Paternal grandparents delighted with baby

13. Hard work being a mother, could not managed alone
14. Does not keep in contact with old friends but socialise often with new friends in Unit
15. With own house mothers' use house as a base to socialise
16. Boyfriend goes out alone with friends, do not often go out together
17. Boyfriend undertaking training scheme, hope to secure employment
18. Like the Unit because unlike school
19. Did not attend traditional school
20. Aspirations to work in a bank and go to college but not until child is at school as can not afford childcare facilities

Date of Interview, 8 October 1999

Respondent 6,

1. 15 years old when became pregnant and fifteen when had the baby
2. Had a miscarriage a few months before, then suspected subsequent pregnancy at 3 weeks
3. Did not inform parents until 7 months pregnant but they had suspected
4. Boyfriend 24 years old
5. Parents did not know who father was until after baby was born
6. Child now 7 months
7. Lives with boyfriend stable relationship
8. Father gave couple his furnished council house and moved
9. Live near to mother and paternal grandparents
10. Boyfriend works for his father
11. Manages Ok financially, receives money from State and paternal grandparents
12. Does not socialise but still sees friends occasionally
13. Boyfriend helps with care of child
14. Did not like traditional school and did not attend
15. Likes the Pupil Referral Unit
16. Completed some exams this year but is staying on another year
17. Would like to go to College or University
18. No immediate plans
19. No plans for marriage, boyfriend would like to get married
20. Disagrees with Government strategy, young mothers should keep there babies and not consider adoption
21. Most mothers have somewhere to live and do not need hostels

Date of Interview, 1 November 1999

Respondent 35,

1. 14 years old when became a mother, pregnant at 13 years, now 15 years old
2. Suspected pregnancy, confirmed by Doctor when 5 months pregnant
3. Parents did not know, were shocked but supportive
4. Lived with parents
5. Boyfriend and paternal grandparents denied paternity and have never seen the baby
6. Met boyfriend in same class at traditional school
7. Liked traditional school, enjoyed education
8. Wanted to continue with education and become a midwife, but

- recognised the difficulties with finance and child care
- 9. Preferred traditional school which attended regularly
- 10. Felt disadvantaged being a young mother, wanted to continue with education
- 11. Wanted father to accept child and share responsibility
- 12. Child needs to know his father
- 13. It's hard being an adolescent mother
- 14. Little contact with former friends, made friends with other mothers, they were in the same situation
- 15. Recognised career should have come first before pregnancy and regretted it
- 16. Lived with parents and younger brother
- 17. Little money
- 18. Would receive income support when 16 years old
- 19. Resented parents having to buy clothes for child, reliant on parents
- 20. Could not manage on own, would stay at home with parents
- 21. Relationship had changed with family since becoming a mother
- 22. Socialised with friends 2 nights per week
- 23. Had one subsequent boyfriend but did not want anymore
- 24. Feels older than 15 years, feels like 30 years
- 25. Felt inexperienced, panicked about health of child
- 26. Helped mother with housework
- 27. Had a set routine but hated weekends which were boring
- 28. Wants to see the world and have a career but realistic that is disadvantaged
- 29. Wants to achieve aspirations but feels this is impossible with a child
- 30. Achieving educationally more than other mothers but unable to progress to University and become a midwife

Date of Interview, 1 November 1999

Respondent 23,

- 1. 14 years old and 4 months pregnant
- 2. Lived at home with mother and younger brother and sister
- 3. Parents divorced but both very supportive
- 4. Own mother 15 when she had child
- 5. Sees father every Friday
- 6. Maternal grandmother had problems balancing the finances, social worker assisting the family
- 7. Maternal grandmother is a teacher in the primary school adjacent to the Pupil Referral Unit
- 8. No contact with father of child although he knows of the pregnancy, works away
- 9. Boyfriend tried to persuade mother to have an abortion
- 10. Maternal grandmother will not allow father to see child unless he offers financial support
- 11. Paternal grandparents contacted but unresponsive
- 12. Has not begun to prepare for the baby as yet
- 13. Enjoys the Unit but did not like traditional school
- 14. Taking 8 GCSEs
- 15. Lots of friends and still socialises for the time being

16. Career aspirations to be a teacher or keep fit instructor
17. Maternal grandparents unhappy about their status. Grandmother 31 and grandfather 33, think they are too young

Date of Interview, 1 November 1999

Respondent 36,

1. 15 years old and 7 months pregnant
2. Got a shock when pregnancy confirmed
3. Mother also got shock but now looking forward to baby
4. Liked the Unit but did not like and did not attend traditional school
5. Felt could manage as a mother with support from family, specifically grandmother
6. Had not seen father for 15 years
7. Split up with boyfriend who did not know about pregnancy
8. No contact with paternal grandparents whom had not met
9. Very anxious about labour, did not like pain, did not like hospital
10. Wanted to go home to mother as soon as had the baby
11. Will come back to Unit two weeks after having the baby
12. Has everything for the baby
13. Knew was having a boy, via results of scan
14. Has a social worker and was going to see a psychologist
15. Attempted overdose when 13, then living in a children's home with brother
16. Would be 16 when had a baby, then entitled to State support
17. Had given up smoking and alcohol during pregnancy
18. Had everything for baby with help of social worker

Individual Semi-Structured Interview Findings

**Semi – Structured Interview, 21 June 1999
Respondent 4**

Respondent 4 said she was 15 years old when she had her baby; the child is now one year old. She did not tell anyone she pregnant until she was about eight months gestation. When asked how she concealed her pregnancy she said she was not that big. From the focus groups and interviews undertaking in the Unit it appeared the average age for the women to become pregnant was 15 years. The respondents joined the Unit at different stages of pregnancy as early as three months gestation. Respondent 4 had concealed the pregnancy until eight moths, but it was not clear if she continued to attend school during this period. The focus group interviews and discussions with the head teacher had revealed the majority of the respondents had played truant or dropped out altogether from formal education.

When asked if she had matured since having the baby Respondent 4 said yes, she responded

“I feel much more responsible and things like that”

Without exception all of the respondents felt they had matured since having a baby. How maturity is defined is not exactly clear. Respondent 4 related maturity to mothering and caring for a baby. The care of the baby included physical skill as well as emotional care. This may be a certain type of maturity where the mother assumes responsibility for a child and is central in the decisions surrounding the care of that child.

If maturity comes with motherhood then this is perhaps not age limiting, many women having a first child during their 20's, 30's and 40's. The relationship with maturity and adolescent motherhood may be connected to the status of motherhood and life experience acquired at the age of 15.

Having a baby at 15 is hard work and Respondent 4 recognised she received a lot of help with caring for the child mainly from her mother and her sister. She was used to having other young children in the family so was therefore comfortable with childcare; she had cared for her nieces and nephews.

Many of the respondents in the study had younger brothers and sisters and were therefore exposed to the skills of childcare. Respondent 4 was comfortable with these skills when applying them to the care of her own child. She recognised that caring for a child was hard work and although she had acquired skill through experiences within the family she still required help.

She felt she had a good relationship with her parents. Her mother bought clothes for both the baby and herself. When her parents found she was pregnant she said they were both upset but she concentrated her response

on her mother's reaction.

"Well she was upset and shouted a bit, but she is all right now"

She did not tell her mother herself her two sisters told her, but she told her father. Her father had been supportive she said but he wanted to punch her boyfriend's nose.

Her parents stood by her.

With the majority of respondents interviewed maternal grandparents, after their initial shock, stood by their daughter. All of the respondents maintained close relations with their parents and relied on them for emotional and financial support. Many of the respondents in the study could well have been conceived during their own mother's adolescent years (discussion with some of the respondents revealed that their own mothers were as young as 29 years). If the maternal mother was an adolescent herself when becoming a mother, then this could be a reason for acceptance by the family.

When asked where she lived Respondent 4 replied

"I am living with my sister at the moment, but I am going to move out with my boyfriend in September"

Respondent 4's parents did not live together; her mother lived quite close to her but her father did not. Respondent 4's sister had her own flat with 2 children; two girls aged three and four.

It is interesting that Respondent 4 felt her parents had been supportive but she was not living with them, she lived with her sister who had two children of her own. Her mother lives close by and visited regularly to offer support to Respondent 4 and her sister. Although Respondent 4's father did not live close by he did live within the region and was easily accessible by bus or metro, however respondent 4 did not see her father very often.

Respondent 4 felt her present accommodation with her sister was temporary and had plans to move into her boyfriend's flat. It was not clear how close to the family the boyfriend actually lived and how this move would impact on the support offered by the family and the support offered to the family from Respondent 4. A minority of the respondents interviewed did live with their boyfriends but they remained in close proximity to maternal grandparents

Respondent 4's boyfriend was the biological father of the child and she felt that he was very supportive. He already has a flat so she was going to move into it. She said he was good with the baby and sometimes slept over at her sister's house. He was not with her when she delivered the baby; her sister and her aunt were.

There seemed to be lots of mixed messages regarding the father of the child. Respondent 4 did not clarify what very supportive actually meant. It seemed that she felt he was a good father and the relationship had remained positive

although she was not living as yet with him. She referred to the father as her boyfriend, which suggests their relationship was positive as well as their relationship with their child as parents. The strong reliance on the family is still evident with Respondent 4's sister and aunt being present at the delivery of the baby.

When asked about income received Respondent 4 responded

"I only get child benefit £14 per week which is spent on the baby"

Respondent 4 said her boyfriend helps with finances

"He pays everything"

Her boyfriend worked in a restaurant. She said she would stay with her boyfriend and they would get married. They had been together for two years. Respondent 4 felt her boyfriend had matured and was a good father, he accepted his responsibilities. She felt life was difficult being a single mum but she has had her boyfriend to stand by her so she had been lucky.

Money was an issue for Respondent 4 and many adolescent respondents under the age of 16 years. Below the age of 16 respondents are reliant on maternal parents financially as they are regarded as children themselves by the State (the semi-structured interviews took place in 1999 and since this date State benefits have changed). After 16 years they are entitled to claim benefit in their own right as they are classed as adults by the State. This raised a number of issues, as many of the respondents for financial reasons did not name the father. If the boyfriend (at the time of the interviews) was registered as the child's father then he was legally obliged to provide for the child if he himself was over the age of 16 years. Many respondents in the Unit had been advised not to name the father so they would be eligible to financial support from the State in their own right. Respondent 4 said her boyfriend provided for the child and was working in a restaurant. Respondent 4 had named her boyfriend as the father of the child and this name was present on the child's birth certificate.

She said her boyfriend's parents were accepting but they did not see them very often because they did not live nearby. They take the baby to see them sometimes and they have bought the baby clothes. Like Respondent 4's father the paternal grandparents do not live within walking distance but can be reached by local transport. Finance to travel may well be an issue; it seemed Respondent 4's network of support was confined to family that lived within walking distance. It was not clear within the interview what the relationship was between both families.

When questioned about friendships Respondent 4 replied that she did not see her friends anymore since she became pregnant and had the baby. Losing contact with friends did not only centre upon the pregnancy, she had gone to school in another part of the region. Leaving school to attend the Pupil

Referral Unit had also meant she had lost contact with her friends. When asked if Respondent 4 had made friends in the Unit she responded:

"I do not see them outside of school"

Many of the respondents did socialise together outside of the Unit. Perhaps Respondent 4 having a stable relationship with the baby's father isolated her from her peers, as many of the respondents did not maintain relationships with biological fathers. Respondent 4 felt since having the baby she no longer had a social life, but she did have an active social life before she had the baby. She said she now spent her time looking after her baby and babysitting for her two nieces, which she felt, was a full time job. She said

"I used to go out all the time but I cannot get out now"

Since having the baby her social life had been affected dramatically. She appeared to spend her time caring for her child and babysitting for her two nieces. She said her boyfriend worked in a restaurant which included working in the evening.

Respondent 4 felt having a baby had limited her life choices, when asked if she any regrets about having the baby she replied

"Well, I wish I had waited but I would not change her now"

She felt she managed Ok with the baby but it is hard work. It was difficult coping for a child at first but she adapted and felt she is coping now. It is apparent that she felt that her life choices are limited. The limitations appear not only to surround her own child but also the responsibilities she had in caring for her sister's two children. In living with her sister she assisted with the care of the children, which served as payment for her own accommodation.

She liked the Pupil Referral Unit; everyone played with her child. She has completed her exams now and will leave the Unit tomorrow. When asked what she would do after leaving the Unit she responded

"I am going to college in August to do a hairdressing course"

She will not be able to take the baby with her to college but she said her aunt was going to look after the child. The hairdressing course would take two years to complete. The course involved attendance at college for one day a week, for the remainder of the week Respondent 4 hoped to work in a hairdressing salon as a junior where she would receive an income. She was not convincing regarding her career plans. She wanted to go to college to do hairdressing but childcare arrangements posed a problem for her own child as well as the responsibility she had for her sister's children. Respondent 4 stated her aunt would look after her child but did not expand on this.

Respondent 4 was very positive about the Unit

“It is lovely here. I would rather stay here than hang around”

She had taken her exams and felt she has done quite well, which would help her to go to college to do the hairdressing course. If she did not do well in her exams she intended to take them again at college.

Respondent 4 was very positive about the Pupil Referral Unit, like many of the other respondents at the Unit she would rather have stayed than leave at 16. The respondents had to leave the Unit at 16 years, which is the age of completion of formal education. All of the respondents take a range of GCSE examinations but the Unit provided the respondents with a lot more than education. The respondents structured their lives around the Unit and the care of their children. For many of the respondents leaving the Unit left a gap in their lives. Difficulties in securing childcare meant many of them could not progress with their aspiration for career choices.

Respondent 4 had plans for the future, to get married and settled down and perhaps have more children in a few years time. She said she was pleased that she had the baby when she was young. Plans for the future centre on having more children. It appeared Respondent 4 has learned to manage her life as a mother although she had regrets regarding becoming a mother so young.

Semi-Structured Interview, 21 June 1999

Respondent 27

Respondent 27 stated she was 15 when she had her baby. When asked if she felt she had matured since becoming a mother, she stated:

“Yes, a lot – everything changes. Well I have my own house now”.

She knew that becoming a mother meant that life would be different for her. She recognised that even though she was completing her GCSEs her life would be different to that of her friends:

“Well I have nearly finished my GCSEs which would have happened anyway but, I think once I have left school it is not going to be the same as my other friends who are at normal school because they will be getting jobs or going to college and, you know, I will not be doing that.”

Respondent 27 felt having a child was a lot of responsibility, but she did not seem to regret this responsibility:

“Yes, it is hard sometimes to think that you have this little thing that relies on you for every single thing. Sometimes I wonder what it would be like if I didn’t have him but I always think I would have preferred to have him. Even now I still think you know when I get annoyed and that and he is screaming, I think I would rather have him”.

She felt she could not imagine life without her child. She recognised that having a child during adolescence had its advantages but felt 15 years old was too young. Unlike the majority of the respondents who were interviewed Respondent 27 did have a partner. She implied but did not confirm that her partner was the father of the child. She stated she has been in a stable relationship for two and a half years. Her partner was unemployed and helped with caring for the child. She stated he did have a job but was sacked before Christmas because there was too many staff.

When asked about financial arrangements, Respondent 27 stated:

“He is on jobseekers and I am getting child benefits for the baby. It is hard working out the bills. You don’t think of all the little things. When you are getting things for your house it is just the stupidest little thing like a washing up dish and every little thing costs money and once you have worked out all the money you have spent on carpets and decorating it is a hell of a lot of money. We just got a washing machine yesterday. Only just yesterday my mother was helping us out with the washing.

Respondent 27 was very aware of her financial situation. Her partner and herself had set up home, but managing finances was difficult. She had relied on her mother for help with the washing and getting a washing machine was a big achievement to her:

"No, well we are getting it plumbed in today, I am dead excited to be able to do my own washing, I will get sick of it after a while, I know I will. Because I used to do it all the time at my mother's house. I used to be the one doing the washing. I am excited now but I will be sick of it after a few days.

Respondent 27 felt her social life had changed since having the baby, which mirrored the comments of the other respondents. She felt she had nothing in common with her friends since having the baby. She said she had only had a night out on two occasions since having the baby but it did not feel the same being a mother. Respondent 27 said everything had changed since she had the baby, she felt responsible and mature. She did not want to go out with her old friends because she was not interested in talking about men.

"Yes. I feel like, it is hard to explain, it is just everything is different now. They talk about all the lads they got off with last night and how many lads, you know that sort of thing but I am not really interested in that sort of thing you know, I have got my family now".

She felt her friends would end up like herself and this appeared to be undesirable. Respondent 27 appeared to have grown apart from the actions of her friends; being a mother herself influenced her attitudes towards her life. Even though she was still an adolescent herself she had taken on the responsibility of motherhood and this had changed her, however she would not want her friends to end up like herself, which implied she had regrets. She felt that demonstrating life as an adolescent mother to her friends had put them off having a baby:

"Yes but they have seen how hard it is because they have seen when he has been whinging and that they have seen what he has been like sometimes. I think it has put a few of them off having kids".

Respondent 27 felt life would continue to be hard for her and her partner until the baby went to school. She hoped that once he went to school she could then get a job. She stated even when he started nursery she could perhaps get a part time job. She knew there were a lot of working mothers; therefore her plans for the future were acceptable. She said if she worked she could get a friend to pick the child up from school and look after him until she got home. She realised the need to work but only when her child went to nursery, until then she would remain responsible for the care of the child. Even though her partner was unemployed she never alluded to the possibility of her partner accepting responsibility for the care of the child whilst she took up employment. She referred to the care of the child as being her responsibility.

"I would not want to do it now, I would want him to be at school because I do not agree with mothers who just have babies and go straight back to work".

When questioned about being equipped to undertake the role of a mother during adolescence Respondent 27 had very definite views:

"No I think it is an instinct you have because no matter how old you are, I mean a 30 year old could have her first child and be exactly the same as a 16 year old. Because, still, you have never had a baby before, you still haven't got any experience, so again you just learn as you go along. It is the same with any mother, because if it is your first, you have to learn".

Respondent 27 felt that coping with a first baby was not related to the age of the mother. This reflected the views expressed by the other respondents. Coping with a first baby was difficult for a mother at any age. She felt having a baby was something that had to be learned, something that had to be experienced, which reflected issues of maturity and motherhood. She suggested that age is not a factor when becoming a mother for the first time:

"I mean a 30 year old mother could be on just the same benefits as I am, she might not be working or anything and it could just be the same. She is still going to learn it the first time. And she is still not going to have the experience, I mean with other kids".

When asked if her parents had supported her, Respondent 27 said there was only her mother. Her mother had been very upset when she learned her daughter was pregnant but then she was supportive. Respondent 27's child was her mother's first grandchild. Her mother lived a bus ride away. She saw her mother about twice per week but spoke to her often on the telephone. She also had a brother whom she never saw because she did not get on with him. Her brother has his own house.

When asked about the paternal grandparents Respondent 27 stated she did not see them. Her boyfriend's father was not mobile due to ill health and he had not spoken to his mother for a long time. He did have a brother who lived in the downstairs flat who also had a girlfriend and children.

Respondent 27 discussed her life since having the baby. She said that before she became pregnant she did not go to school because she hated school, and therefore she did not have career plans. Pregnancy had not ruined her life as her aspirations and expectations had been few. She stated she could still go to college if she wanted too but she would wait until the baby was older, she did not mind waiting.

She felt the responsibility for caring for the child belonged to both herself and her partner. She said this was difficult because it seemed the expectations of friends and family was that she cared for the child. She said attitudes were strained when she left her partner to baby-sit. She felt very strongly that both parents were responsible for a child and that responsibility should be shared. Her boyfriend had accepted the responsibility but when the baby was first born he had to adjust:

"At first he was a bit funny when I had just had him you know how they wet the baby's head, they go out and have a drink after you have the baby and that. I thought he may be doing this too much, he was drinking with everyone

in sight you know because we had just had the baby and he wasn't being very responsible then, because we just had had a baby, he didn't want to go drinking all the money away. But now he is brilliant. At first it was just the shock, I think, because he came a month early. It was a shock because we didn't expect it. That was the thing, he was so proud of him when we first had him he just wanted to go out and tell everyone you know".

Respondent 27 said the baby was unwell at delivery and she therefore had to stay in hospital for a week that made her very depressed. She wanted to go home to be with her boyfriend, she hated the hospital.

When asked about marriage, she responded:

"We will just wait. We have been together two and a half years now, but I think we will wait a few more years before we think about that because we cannot afford it at the minute anyway. We will just wait until we have the money saved".

She felt they would need to save to get married, even though her boyfriend and herself had a house and were living together within what appeared to be a stable relationship. It was not clear if getting married would mean less financial benefit from the State.

Respondent 27 and her partner were slowly building their home:

"We haven't got a three piece suite; we only have two big chairs to sit on at the minute in the sitting room. We have the kitchen decorated; the bathroom is being decorated. It is strange because we were going to have the sitting room decorated first but we just seemed to get things for the kitchen first, so we have to get a few more things together. I have some money in the bank for the three piece suite but we are just looking for a second hand one because we cannot really buy a new one"

She recognised that they would have to save to buy larger items of furniture and the reality was they would need to buy second hand. From Respondent 27's comments she appeared to manage the household budget well. She explained money was tight and there was not enough. She was aware of the public perception of single parents relying on the State for support.

"I think we could do with more money. I mean, I understand and the argument about saying we are just like yobbs, we get everything these days. You get everything handed to you on a plate and all the money we get and houses' we get and that. But it is all very well saying that, but we still do not have enough money. It is not enough, not to look after the baby the way you want to, not to give him everything"

Her family had helped her financially to buy the items she needed for the baby. She was realistic regarding the cost of baby clothes and had received clothes from family and friends:

"Well I have some money from my grandmother. She bought the cot and the pram and other things for him. My mother and some friends have helped out with clothes and things. I got some clothes from friends who have already had children and the clothes do not fit them anymore. There are some lovely things and they are brand new. There is no point in buying all new things when people have got things for the baby"

Respondent 27 liked the Pupil Referral Unit. She appreciated being able to bring her baby with her to school:

"It is brilliant, because I can do my exams at the same time and have my baby with me. I think it would be good in way if they had a separate room for the kids because sometimes the noise is a bit too much to get on with your work but it is nice having him next to you. Because when you have just had your baby you want to bond with him, you don't want to be leaving him with someone else".

She did not like the school she attended prior to becoming pregnant; she stated she did not like the teachers

"I didn't like school, before I found out I was pregnant, I wasn't going to bother going in to year 11, I was never going back because I really, well I didn't get on with some of the teachers, to be honest I couldn't be bothered with it basically. But when I got pregnant, I don't know it is a stupid thing to say, you don't want to go back to school but, when I found out about here I thought it would be nice to see other people in the same situation as me".

Respondent 27's comments regarding school reflected many of the comments echoed of the other respondents. The majority of the respondents did not like school and attendance was poor. Having a child seemed to renew interest in school but the reasons for this was not clear. The Pupil Referral Unit for the respondents was not like traditional school. They appreciated being able to bring their children with them and meet other respondents in the same situation as themselves.

Respondent 27 was in the process of completing her exams. When her final exam was completed she would have finished her education at the Unit. She explained that she would return to the Unit to complete a computer course. The respondents complete a record of achievement prior to leaving the unit and this appears to be significant. Respondent 27 had to do the computer course in order to complete the record. She wanted to do secretarial work. She had not decided on her career pathway, as she felt she could not control what was happening in her life from one day to the next. If her boyfriend secured a job then she would not work for a couple of years until the baby was in nursery or school.

Semi-Structured Interview, 21 June

Respondent 28

Respondent 28 stated she was 15 when she had the baby who is now nearly 2 years old. She said she had just had the baby christened the day before, just before the child's second birthday. She felt she had matured since having the baby. She perceived motherhood as hard work and it was difficult not being able to see her friends. When she first had the baby she said she had no social life, but as the child has got older she had begun to go out. She now has a boyfriend. Her boyfriend is not the child's father. She stated that her boyfriend loved the child and did not appear to be concerned that he is not the father. She said she had been with her boyfriend for only three weeks but it felt like ages. Her boyfriend was not in employment but he was going to college. He is older at 18 years.

Regarding childcare, she stated her mother helped her at weekends but in general she cared for the child. She lived at home with her mother and did everything in the home apart from the ironing, which her mother did.

When asked about friends, Respondent 28 stated, apart from the other respondents in the Unit she only had one friend whom she had known since she was a child. Her friend since childhood now has a child of her own and Respondent 28 appeared to be quite critical:

"Yes, but my other friend who I had known from my old school she has now had a baby but we are still talking totally different. She is just sitting at home; she is not going to college or anything. She is sitting at home with the baby and she is getting a flat and that and lives by herself. I don't see it that way. I want to have a good education and get a job so that I have just more than growing in just like a council flat".

Respondent 28 felt there was more to her life than securing a flat. She felt it was important to have a good education and go to college. She enjoyed living with her parents and felt the baby had been accepted into the family. She stated it would be hard to leave her parents' house. She was determined she did not want to live in a council flat. Her boyfriend had a flat but she wanted more than this for her child:

"You see he is living in a flat by himself and I don't want to. I am not being snobby or anything but I don't want to live in a council flat, I want to have my own house in a nice area and that so that she gets brought up properly".

She was non-committal regarding her future with her boyfriend, but she felt he wanted what she did. She said he was committed to finding employment.

Respondent 28 felt becoming a mother had meant a loss of freedom. The baby was with her constantly; she could not go out until the child was asleep. If she wanted to go into town she took the baby with her:

"I can't go out until I get her off to sleep or I can't go to certain places because I've got her, but I'm not bothered. It is just that sometimes you know when you want to go out; I have to see to her first before I can do anything. I can't go to the town by myself or anything; she is there all the time".

Pregnancy and motherhood had made Respondent 28 more determined about planning her future. She felt it important that she secured a good job so she could provide an education and good home for her child:

"I think it has made me more determined to do it because before I had her I wasn't really bothered, just as long as I got a job, but now I've got to get a good job so I can provide her with a good education and a good house."

When Respondent 28 went to school before becoming pregnant she said she was expected to get "A's" in her GCSE. She was proud of her educational achievements at the Pupil Referral Unit; she secured four "C's" and two "D's". She was due to leave the Unit within a few weeks of the interview but she intended to return one day per week to complete a computer course. She had secured a place at college to take "A" Level. When asked about childcare whilst she was at college said she had a place for the baby at the college nursery:

"It is really good it has dance classes and that because my dad, because it is like £120 per week and the College are going to pay half and my dad is going to pay the other half, as long as I do well in my exams. It is full time. They give her breakfast, dinner and tea and there are dance classes in the evening. There are nappies there but she is potty trained".

Respondent 28 said she would miss her child whilst she was at college but she wanted to do well for their future and she knew her dad was supporting her in her education. Having a place for her child full time in the nursery also meant that she could do other things:

"I will not be at college five days a week full-time so I will have time to do other things, like go to the gym and that. I go to the gym now but I go on a night-time and it is really tiring".

Respondent 28 said she liked to be a mother and she definitely would have more children. She had a difficult labour, lasting 3 days; the baby arrived two weeks early.

"I wouldn't have said that about a year ago, but now I would. I am not bothered I would have loads of children. It's just my labour that put me off, because I had a really bad labour".

Respondent 28 felt she had a very positive relationship with her parents. Her father had a good job, even though he worked away from home. Her father was committed to her doing well in the future. She said her parents had accepted the baby into the family. She also has two brothers who also lived with her parents. When asked about her relationship with her brothers, she

said her younger brother was very good with the baby but her eldest brother would have nothing to do with the child. Apart from her two brothers, her eldest brother's girlfriend also lived in the parental home. Her father had arranged for an extension to be built on the house to provide space for the extended family.

Respondent 28 stated that when she first became pregnant her father was upset but then he became more accepting:

"When I first fell pregnant he said I want you out of the house before, but now he says you can stay as long as you like. But my dad works away, he works in Korea, so he is only home, well he was away for five months and home for two weeks so he is not really there".

Respondent 28 felt her mother had to work really hard to keep the house in order. She said her mother also worked as a secretary. She helped in the house but her brothers and her eldest brother's girlfriend did nothing to help. She did not like the girlfriend:

"I just hate her. Because you know she has got a son of her own and he's about seven and she just left him to go and that's what I can't understand, how she can say just go and live with your dad. I just don't understand how she can do that. She will just ring up at Easter and Christmas and take him presents. She doesn't want like full-time responsibility, and then she tries to make it up with little my child and that. She pampers her".

Respondent 28's dislike of her brother's girlfriend appeared to be based on the issue of her being a mother and leaving her child. She felt very strongly about this, believing that a mother should care and be responsible for their child. This belief is similar to those expressed by the other respondents in the study, becoming pregnant was their problem and therefore the care of their child was their responsibility. She also resented the girlfriend's attempts to form a relationship with her child.

When asked about the father of the child, Respondent 28 was quite negative. She had not seen the father since the child was 3 months old:

"You see I am the baddie in all this. He says I am stopping him from seeing her. But if he had wanted to see her from she was three months I wouldn't have liked it but it would have been all right, if he had had some persistence, but he just like gave up. Now he is telling everyone, I want to see her, but I am not letting him see her now, she won't even know who he is".

Respondent 28 corrected her previous statement by saying that she had seen the father in town:

"I see him in the town and that. He was giving me dirty 'phone calls and everything, well not dirty 'phone calls, but he was ringing up once and putting the 'phone down. What's the point, if he has something to say, he should just say it. His mam is exactly the same. The last time she saw the baby was last

Easter and then after that she didn't want to see her any more, just when it was convenient for her".

Respondent 28 said she did not receive any help from the child's father or his family, financial assistance was given to her and the baby from her parents. Her father in particular was keen for her to continue with her education. She explained her father was very protective. She told her mother about her new boyfriend but not her father:

"See, I never told my dad. My dad was only back for one day and he wanted to come to the airport with me but I said you had better not. My mam told my dad and he said well why didn't you just tell me. Like my dad is dead protective, but my mam likes him and my brothers like him".

When asked about her future Respondent 28 felt that she would like to be in a stable relationship and then would consider having more children. She stated she received £66.90 pence per week from the State. She said she saved most of the money, up to £50 per week. She is currently saving the money to go on holiday with her friend to Ibiza. She is going to leave the baby at home with her mother when she goes on holiday. This will be the first time she has left the baby but she knows that her mother will take care of her.

Semi-Structured Interview, 21 June 1999

Respondent 29

Respondent 29 was 15 years old when she had the baby and 14 years old when she became pregnant. She missed a period and guessed she was pregnant, however, her parents had guessed she was pregnant before she did:

“Just because I never come on when I was due. I said I was due on and they said no you are not and then they went on holiday. When they came back they just asked my aunt because I had stayed with my aunt and she said no she hasn't come on. My aunt told my mam. I had a pregnancy test”.

She said her parents were upset when the pregnancy was confirmed particularly her father.

“Well it was like daddy's little girl, never allowed a boyfriend until I was 18. My dad was really upset and he cried”.

Since having the baby her parents were fine and loved the baby. She had a girl. She lives at home with her parents and the baby. In addition she has four brothers and a cousin who also live in the parental home. The house is large with four bedrooms. Although Respondent 29's parents are supportive she wants to move out with the baby and get her own house. She feels her parents treat her like a child. She has put her name on the list for a council house or flat but has not heard anything as yet.

Respondent 29 stated she had matured since having the baby. Having the child had made her feel much older. She does not see the friends she had before the baby anymore. Her only friends are those at the Unit, mothers like herself. She liked being a mother but felt there was a great deal of responsibility in caring for a child.

When asked about the father of the child, she said he came to see the baby twice a week. When asked if the father provided financial assistance, she responded:

“He used to, but then I met somebody else and he stopped my money because he didn't like the idea of me going out with somebody else because he used to give me like £20 per week and now he just buys her nappies and everything”.

She stated she did have another boyfriend but not anymore. Since having the child she has had two boyfriends but has now decided she prefers to be on her own because boys are too much hassle. With both of the boys she had met, she told them she had a child:

“I would never ever deny her, and if they don't like it there is no point in having a relationship is there?”

Respondent 29 felt quite strongly about future relationships, she felt it was better for her to be on her own with the child, to plan the future. Her immediate plans for the future centered on securing a council flat for her child and herself. She did not have any furniture of her own but she stated if she got a flat she would also be entitled to a council pack which would include enough furniture to set up home. When asked about financial support from the State Respondent 29 stated:

"I get just £17, that is just child benefit and my dad claims income support because he is on income support as well".

Respondent 29 stated she received assistance from her parents; who bought clothes for herself and the baby and also gave her money to go out. With her £17 per week she bought nappies for the baby. She said her parents spoilt her because she was the only girl in the family and the second oldest.

Respondent 29 was responsible for the care of her child. She took the child to the Unit everyday where she met and socialised with the other respondents. She liked the Unit but felt in the last year it had changed a great deal. She was not clear how the Unit had changed; perhaps, she stated she was just sick of it. She is due to finish her exams this year and then she will leave. When asked what she wanted to do after leaving the Unit, she responded:

"I want to go to College but I haven't anyone to look after the baby and like they help you and that but like they only give you £60 and nobody is going to watch a child for £60 per week".

Although the State would provide £60 of the money for childcare she did not have the other £60. She said no-one would look after her child for only £60. She stated the child was very naughty and disruptive at the Unit and this would also make it difficult to secure childcare. Her mother has stated she would be reluctant to look after the child while she went to college.

When asked about future plans she responded:

"Well I wanted to be an air hostess or a child minder, but having your own puts you off I think".

Respondent 29 did not state how she would realise her future plans. She did say she would like to get married and have more children eventually. When asked if having a child at 15 had affected her she responded:

"No, it did put me off at first, I didn't want any more children, I knew it would be painful and that but nobody ever told me it would be like afterwards. I think you have more pain afterwards than what you do at the birth".

Respondent 29 said the child was 8lbs 14ozs. She said she did try to breast feed but was unsuccessful, so had bottle-fed the baby. She was proud she

had a large baby and with no stitches. She stated:

"I have loads of stretch marks which puts me off as well. I went from 7 stones to 12 stones".

She said her weight was now 8 stones. She said she was still a little flabby and was going to the gym and sticking to a diet to try and regain her pre-pregnant figure. Although she was determined to get her figure back she knew she would never lose her stretch marks.

Respondent 29 stated that prior to becoming pregnant she had not gone to traditional school because she hated it. She loved the Unit and being able to bring the baby to the Unit with her. She has now completed her exams and was waiting for the results:

"I don't think I have passed maths because it's dead hard. On my last two papers they were easy but you never had enough time and I like missed two pages on each one because I never had enough time to finish it".

Maths was the only subject Respondent 29 was anxious about; she felt she had done well in the other subjects. She would leave the Unit after she got her results. When asked about plans for the future, she responded:

"I still want to be an air hostess but you go away like for three weeks at a time I do want to go to college but there is nobody to look after the bairn for £60 per week".

Respondent 29 also stated she wanted to go to night school but recognised the barrier to her future plans was securing childcare facilities.

Semi-Structured Interview, 21 June 1999

Respondent 30

Respondent 30 agreed to take part in the interview but she was very reluctant to speak. She was 15 years old and pregnant. She stated she was 19 weeks pregnant but was going for a scan to confirm her dates. She was excited regarding being pregnant. When asked how her parents had reacted she said:

“Quite all right compared to what I thought they would be”

Respondent 30 was three months pregnant when she found out. She lived with her parents and stated she would continue to live with them after she had the baby. She felt she had changed with pregnancy, the most significant change being giving up smoking. She also had plans to stop drinking. She did attend school before she became pregnant. Her local Doctor had referred her to the Pupil Referral Unit and she was transferred. She stated she did not miss her old school and appeared to have settled into the Unit but had only been attending for just over a week. A friend who was also pregnant joined the Unit at the same time and this helped her to settle in.

Respondent 30 like the other respondents attending the Unit was picked up each morning in the Minibus and brought to the Unit. The Unit opened from 09.30 hrs until 14.15 hrs when the minibus took the respondents' home again. The Unit was open five days per week.

When pregnancy was confirmed she had been feeling tired and just wanted to sleep all of the time. Now she said she felt fine. She had booked into the antenatal clinic and had met her midwife, whom had been very nice.

Respondent 30 stated she still had all of her friends and saw them regularly. It was not obvious she was pregnant and it appeared that her life was continuing as it had before. She recognised things would change when she had the baby and perhaps she would not see her friends or be able to go out as often. She stated that her mother had offered to give her a hand in caring for the baby. When asked about brothers and sisters at home she replied:

“I am the only one but I have a brother and a sister but my sister has her own house and my brother doesn't live with us”.

Respondent 30 said her parents had been fine about the baby and there was plenty of room for her to live at home. She stated she had experience in caring for babies because she had looked after her niece since she was a week old.

She was unaware of financial benefits she would be entitled to from the State when she had the baby. She would be 16 years of age when she had the baby and thought she would be entitled to child benefit.

When asked about the father of the child she responded:

“It was just a one night stand”

The father did not know she was pregnant and she said she had not contacted him nor had any idea where he lived. Respondent 30 stated her parents had told her it was up to her if she informed the father and as yet she was undecided whether to do this. She met the boy in Newcastle when she was drunk and it was clear she did not want to recall the encounter. She stated she had a new boyfriend whom she met only at weekends when she goes out with friends. He knew she was pregnant and she felt he was Ok about this. She was not sure if the relationship would last. Her new boyfriend was 17 years old, he did not go to school and he was unemployed, she was unsure if he was looking for work.

Respondent 30 stated she had no plans for the future, she thought she would like to get married eventually but would not like to have anymore children. At the end of the following year she would be taking 6 GSCEs. When her education was completed at the Unit she would like to train to be a hairdresser.

Semi-Structured Interview, 28 June 1999

Respondent 31

Respondent 31 was 15 years old when she discovered she was pregnant. She stated it was a shock but she guessed she was pregnant even before her next period was due. She told her mother that she thought she was pregnant and her mother suggested that if she missed a period she should have a test. When asked how her parents reacted she said:

“My dad was all right about it but my mam nearly killed me”.

Respondent 31 had a brother and sister who lived with her father and she and her mother lived together. Her mother had now come to terms with the pregnancy and was supportive. She planned to continue to live with her mother after she had the baby.

Respondent 31 initially attended another Pupil Referral Unit but she was transferred to this Unit when her mother and she moved house. She compared the two Units and found the present Unit much better and everyone was friendlier. Within the present Unit mothers are responsible for the care of their children, but in the last Unit there was a crèche where mothers could leave their children whilst they undertook their education.

Respondent 31 said she did not have any friends and therefore did not socialise. It was not clear from her responses if the lack of friends was due to the pregnancy or her recent house move. She said she only went out to visit her boyfriend's mother's house. Her boyfriend lived at home with his parents. She said her boyfriend was the father of the expectant child. He had got a shock when she told him she was pregnant but he was now pleased. He is 16 years old. He had left school and was currently unemployed but had plans to begin a college course to train to become a painter and decorator. She was positive about her boyfriend's parents; they were very supportive.

Respondent 31 stated she was taking her exams next year at the Unit. She was unsure how many subjects she was doing because she had not decided. She had no plans for future career. She stated she came to the Unit everyday, and even though she found the Unit better than the last one she attended she was not very keen.

Respondent 31 recognised having a baby was going to be hard work. She had had some experience in caring for children; she helped with her younger sister who is now seven years old, however now lives with her father. She said she sees her at weekends when she either visits or her father comes to visit her.

Although Respondent 31 felt skilled in caring for a baby she was not looking forward to caring for her own child. Her mother would help and probably her boyfriend. She had not begun preparations for the baby as she felt it was still too soon. She was reluctant to talk about preparation for the baby and her

relationship with the child's father. She stated she did not want to get married and was happy to continue to live with her mother.

The pregnancy was now beginning to show. She said she had put weight on. She was not eating very well although she was not feeling nauseous. When asked how she felt about the weight gain she said she was not bothered because her clothes were all elasticated so they would just expand to accommodate her weight increase.

Respondent 31 began to expand on her relationship with her boyfriend and it became obvious she was tiring of him. She stated:

"He does my head in"

When questioned further she said he just goes on at her all the time. She had been seeing her boyfriend for 8 months and intended to end the relationship. She had spoken to her boyfriend about her feelings and it seemed that both of them were a little tired with the relationship. She stated:

"We both get on each other's nerves but we just stay together all the time. One day we will split up".

Respondent 31 stated she was dominant in the relationship and had on occasion been violent toward her boyfriend. She said when she lost her temper and was violent her boyfriend took a "huff" and would not speak to her which infuriated her even more.

When asked about financial benefits to which she would be entitled as a mother she responded:

"My mam got me the forms from the social. She was showing me them but I forgot about them".

She said her mother would complete the benefit forms for her.

She had only attended for a week and had started to get to know the other mothers and the staff. She liked the babies who came to the Unit with their mothers. Like the other respondents the minibus picked her up from home in the morning and returned her to her home in the afternoon. Many of the mothers at the Unit had truanted from traditional school, the majority for a number of years before becoming pregnant. Respondent 31 was no exception; she was expelled from her traditional school, which she attended infrequently. She was expelled because she had her eyebrow pierced and would not remove the ring in school. She was not wearing the eyebrow ring in the Unit; she said it had "ripped" when she was sleeping but she was having her eyebrow pierced again at the end of the month. After further discussion it transpired that the eyebrow piercing was not the only reason expulsion from school:

"Plus I was giving them cheek as well"

Respondent 31 said she had been expelled months ago but it was difficult to track her school history from year 10 when she attended a previous school in another part of the region. She had liked her previous school until she commenced year 10 and then she started to get into trouble. When asked what kind of trouble she responded:

“Oh, everything”

Respondent 31 felt she had matured since becoming pregnant, she stated:

“Since I became pregnant I have calmed down a lot like. I used to go round and keep starting fights and just stupid things”.

She spoke again about her relationship with her boyfriend. She seemed accepting that they would split up but she said she wanted to continue to meet with her boyfriend’s mother because she was fond of her. Her own mother was a friend of her boyfriend’s mother so she knew she would continue to have the opportunity to meet her and help would be offered to her with the baby. She commented:

“I was painting her bathroom for her and she was saying “don’t stretch’, come and sit down, put your feet up and I will make you a cup of tea. She is mad”.

Respondent 31’s boyfriend came from a large family with 6 children of which he was the second oldest and a further 3 children living with his father. Like her own parents her boyfriend’s parents were separated with children living with both parents. She enjoyed going to her boyfriend’s house because at her own house there was only herself and her mother.

Semi-structured Interview, 28 June 1999

Respondent 32

Respondent 32 was 16 years old and four months pregnant. She was shocked when she first found she was pregnant but her pregnancy was diagnosed after she had a spontaneous miscarriage:

"I had a miscarriage in January, and they think this is like a twin, I have lost one"

Respondent 32 explained there was a history of twins in her family; her grandmother was the last twin. She also disclosed that her boyfriend had twins in the family. She was not keen to discuss the loss of the baby or her feelings surrounding the pregnancy. If she had progressed with the twin pregnancy she felt she would have managed well. Her parents initially got a shock when they realised she was having a miscarriage and then the twin pregnancy was diagnosed. Her parents were now fine about the pregnancy and supportive. She lived with her father but had plans to move in with her boyfriend, the father of the child at the end of the month, they had secured a council house next door to her boyfriend's parents.

Respondent 32 parents were separated and her mother lived 65 miles away, she did not get to see her mother very often. Her father was supportive and she also had two younger brothers who lived with her mother. Her brothers came to visit every two weeks. She had lived with her father for two and one half years. She was Scottish having lived in Berwick for most of her life. Her father moved to Newcastle after the separation. She had met her boyfriend 18 months previously and he lived in Newcastle. She moved to live with her father and be near to her boyfriend.

Respondent 32's boyfriend is 20 years old and unemployed. She explained both him and his parents were delighted when they learned of the pregnancy. She got engaged at Christmas and had plans to marry. She wore an engagement ring, which she said her boyfriend gave her at Christmas as a surprise. She had been upset because she lost a stone from the ring on Christmas day in the pub. With the engagement ring she wore a wedding ring that was her mother's.

Respondent 32 felt she had changed since she became pregnant. She felt she had matured and become more responsible. She still had her friends and stated they had stood by her during the pregnancy. None of her friends in Newcastle had children but she had friends in Berwick who were adolescent mothers. She felt that her life would not change too much after having the baby, although she had not given a great deal of thought to motherhood, as she was only four months pregnant. She said her father and her boyfriend's parents would help to look after the child. When asked if she would retain her social life after having the baby, she responded:

"I don't really go out anyway, I just stay in"

Respondent 32 stated her boyfriend was looking for employment but as yet

had not been successful. When asked about preparing for moving into a house and buying furniture she said:

"Well my uncle, my great granny just died and he is giving us all the stuff. My dad's mam has a bungalow and they are just building a bit on top of the bungalow for my uncle to go and live there, so I am getting all the furniture"

The furniture included a pine bed and three-piece suite as well as washing machine, tumble dryer and cooker. She stated there was everything she needed to establish her new home.

She felt caring for a baby would be a great deal of responsibility. She had decided that when she had the baby she would bring the child to the Pupil Referral Unit with her each day. Her father was delighted she had secured a place at the Pupil Referral Unit. She had been attending the Unit for 4-5 weeks and thought it was great. She had settled very well and got to know the teachers and the respondents. She enjoyed attending the Unit each day and was not look forward to holidays because she stated it would be boring. The school minibus picked her up each morning and brought her to the Unit.

She seemed secure in her relationship with her boyfriend. She had no immediate plans to marry but would consider marriage in the future. She stated she was happy with her boyfriend. Her boyfriend has never worked but he had attended a few training courses. He received jobseekers allowance and she knew she would get child benefit after she had the child. She was not sure how they would manage for money when they moved into the house or how much the rent would be. Her father helped with money. She had no plans for her own future employment, she said she might become a care assistant in an old peoples' home.

Semi – Structured Interview, 28 June 1999

Respondent 33

Respondent 33 was 16 years old. She had her child at 15 years old and the child was 15 months old. When asked if she was shocked when she found she was pregnant, she responded:

“Ah was shocked like but ah don’t know. Ah was with me friend and you know, I got a pregnancy test and I took it in the toilets there and my boyfriend was waiting outside in the car and I was just crying a lot. Me mam says to me when I got in, “you’re pregnant” and I said, “I’m not, I’m not”. That was the day I found out and she kept on telling me I was pregnant and I was going to have a little girl and all this and I was going “mam I’m not”. Then the next day she bought me a test and then I had to go to the Doctors and that”

Respondent 33 was six weeks when she discovered she was pregnant. She said her mother had already guessed. She did feel different:

“Yes, ah divven’t knaa, I just felt that, I was being sick during the night and that ye knaa and I think I guessed then when I was starting to be sick and everything and I was feeling dead like sickly all day and that”

When asked how her parents reacted to the news she was pregnant she responded:

“Me mam was, she like was upset for a bit and that but she said she already knew like. I asked her how and she said I don’t know I just did, I had a feeling you were. And we didn’t tell me dad. He lives in Scotland. We also didn’t tell me step dad and when he finally did get told he thought like he had been left out of it because you know because he was the last to know and that.”

Respondent 33 explained she rang her father in Scotland and he guessed before she told him. Her stepfather, she said was very quiet when he finally was told the news. She thought her stepfather was upset but she explained later that he was unsure how to react. She did not expand on the reaction of her father who lived in Scotland.

Her relationship with her boyfriend was complicated by the fact she had lied about her age. When she met her boyfriend he thought she was 18 years old when she was in fact only 14 years old.

“Well I had lied to him about my age. Like, when I met him, he thought I was 18 years, so he was shocked and everything, he did not realise I was only 14 years at the time and like he didn’t knaa any different, you knaa what ah mean? I didn’t tell him my age until I was like in labour and I was 15 then. I think he was more shocked about my age than anything else”

Respondent 33 stated her boyfriend was 21 years old when they met and is now 24 years old. He was very shocked when she told him, when in labour she was only 15 years old. She said he was worried that he would be

convicted of rape. When asked about her boyfriend's parents she said they were unaware of her true age. She said her boyfriend was too scared to tell them in case he would get into trouble from the police. She said they had reacted well to the pregnancy. She and her boyfriend live together with her child in their own house now. She feels she looks older than she is so her boyfriend's parents do not suspect anything.

She was positive about her relationship with her boyfriend. She stated he loves the child he is brilliant with her. She lives two streets away from her mother and this is what she wanted.

Respondent 33 stated her boyfriend was in employment working as a Print Finisher. She stated he had a good job and had been in employment for six years. When asked if they managed OK with money, she responded:

"Well, sort of, like I am on income support and I want to look for a job when my exams are over and that's like tomorrow. It depends like because he is in a bit of debt. He had a car on finance and he missed one payment and it got repossessed and they still make him pay the rest off. They added more on from what they lost out when they did an auction or whatever and sold it that way you know. But that's it, it is only once a month, but the rest of the time we are all right, you know what ah mean"

Respondent 33 stated she wanted to look for employment when her exams were over to help with the finances and pay the debt for the car. She was house proud and spent time decorating the house the way she wanted it:

"Well I am trying, we are still buying things. I am finished all my living room off, like I have pine floorboards and that you know and we are just trying to finish the living room off".

Respondent 33 felt she had been lucky. Compared to some mothers who still lived with their parents she had her own house. She stated she could not cope with living at home, as she was always arguing with her mother. She felt everyone was interfering with her life and she had to get out and find a place of her own. She had one older sister who also had her own flat. Her sister was 18 years old and does not have children. She talked of her sister and said:

"She keeps on saying I want one (baby) and that but I think like it is just because I am younger than her and I have ended up with a house and like a baby. I think she is just feeling, I divven't knaa not left out but like. She just wants to try and be the same. Ye knaa I am younger, and like it should have been her doing all that first. She is like living in a flat with her friend and I think she has just been offered a flat off the Council like for herself. But she is dead good about it. She loves the bairn and everything, and she has her on a Friday night you know"

She felt she had matured:

"I never used to go to school or anything. I wasn't bothered about it I was just like or well it doesn't matter, ye knaa what I mean. I was mature already like. I had to grow up like quick, like my mam and dad like were fighting for custody and that and I went through like a lot then and like me and me sister had to grow up dead quick you know"

Respondent 33 felt her maturity was not directly related to pregnancy. Her own family situation with the break up of her parents' marriage had enforced maturity upon her. Her mother won custody of her sister and herself but she said that there were still problems related to relationships with her stepfather. She did not expand on the problems but concentrated on school:

"Ah just wasn't bothered about school or anything like that so, but when I started coming here I realised ah have got to get a job, ah have got to get my GCSEs so ah can get a job for the baby, so ah grew up in that sense. Ah knaa that ah have got responsibilities and that now. And I cannot go out and that all the time now. But it doesn't bother is"

Respondent 33 recognised going to school is now important so she can work to help look after her child. She attends the Unit regularly and is working to get her GCSEs. She seemed resigned to the fact she had to stay in with her child. She encouraged her boyfriend to go out and have a social life but he wanted to stay at home. She stated the cause of arguments with her boyfriend were around him going out with his friends. She was sure he wanted to go out but was reluctant because he felt he should stay at home.

When asked about her relationship with her boyfriend she responded:

"Yes. We are happy at the minute. I mean we have been through like a lot and that. I think that when I was pregnant, I was only ten weeks pregnant and like I got rushed into hospital to have my appendix taken out. He still didn't know me age, and like before I went into theatre, well the baby can die or I can die it's like one of them things you know, we have to get them out. He was crying and everything and ah think that made it worse. He knew like when I told him my age he thought well, I have been through that much with her. After ah had them taken out ah couldn't walk or anything you know what I mean, they cut me in a funny place and I couldn't walk. He had to like help me in the shower and that and walk me about and that. We have just been through a lot; you know what I mean? I think it makes us closer".

Respondent 33 felt the ordeal they had been through had made them closer. She explained when they first met; her boyfriend was splitting up from his girlfriend. He and his girlfriend had a flat together. She said his girlfriend made him leave and she kept all the furniture. She was very conscious of her age and referred back to it on numerous occasions during the interview. She felt her boyfriend and she had been through a lot together and perhaps now he was more accepting of her age. It seemed this was an issue that worried her boyfriend, if found out he felt he would get into trouble. She now felt that it was time to be honest about her age and they should tell people the truth and have it out in the open.

She felt she had managed well with motherhood. She spoke of the baby with pride, saying she was a quiet baby and looking after her had not been as bad as she had expected.

When asked about friends she had before she was pregnant and if she still kept in touch with them she said:

"No. Well I had like my friend with me when I found out I was pregnant. Well we had been best friends for years ye knaa. Like we were dead close and everything. Ah had been through everything with her and the same for me and then as soon as ah was pregnant she just stopped bothering with me, you know what I mean? When ah was in hospital and that for me appendix she came in and said eh what's the matter with ye. She just looked at me and said eh I have been being sick all morning and that so that people would like focus their attention on her and she was crying and that and then she never bothered with me. And then like a few months later I went to her house because I had some clothes and that there and she said ah have been missing you and that. Ah said well if you have missed me why did you like drop me in it, when ah needed you, you weren't there. So I just thought well she is not a friend. No-one is a friend that does that. When ah had the bairn all me other friends from my old school used to come round and now I don't bother you know"

Respondent 33 explained she had lost touch with her old friends and appeared upset that she was no longer in contact with her best friend who did not stand by her when she had her appendix out and was pregnant. She had made new friends in the Unit and felt that losing her old friends was their loss. She said her old friends still stand on street corners and she has moved on from this, she now has responsibilities and she is a mother. She thought motherhood has forced her to grow up.

Respondent 33 liked the Unit and she attended daily. She wants to stay on and take more exams but she does not think this will be allowed. She realises education is important to her future employment and responsibilities. She does not want to stay on income support for the rest of her life; she wants to secure a future for herself and her child.

"I mean I wanted to be a midwife. When I was pregnant, there was like a team of midwives and I was really close to them and that you know and there was one called Geraldine she like delivered the baby for me and I was really close to her. That is who I wanted all along to deliver the baby and she stayed with me all the time ah was in labour and, ah thought I would love to do this. Ah like saw her face when I delivered the baby and that and I though I would just love to do that you know".

She said she would have to work for a few years to save up to go to college. She knew it would take a long time to become a midwife but this is what she wanted to do. She was not sure about the pay a midwife would get but she

thought it would be the type of job that was not boring.

She liked the other mothers in the Unit, she said she sometimes met them outside school and they had a laugh.

When asked about choices she had as a mother she said:

“Ah think it has given me more. Some people might get funny, they might think oh well 16 with a baby, ah don't know because ah have had more experience with things, you know what ah mean? And they have got to see you are responsible you know. So ah think in a way it has given me more choices”

She felt that being a mother was a status symbol but the reactions from people were mixed:

“It depends on the person really because some people look down on us and they think God, look at them. They think we are little sluts or whatever to be like, you know, that's the way they do look at us though. They don't think like about the things we have been through. They just think we have slept about or whatever you know and had a baby for the money. That is the way some people look at it. And ah mean like other people like admire us for taking on such a responsibility being so young and that, you know what I mean?

Respondent 33 was aware of the Government's Social Exclusion Strategy. She disagreed with it. She did not think adolescent mothers should live in hostels. She felt strongly, just because a mother was 16 years old, she should still be entitled to a house. She believed the Government had something against adolescent mothers. She wanted the Government to come and look at her beautiful council house and see what an adolescent mother can achieve. She felt if being an adolescent was perceived as negative, then the Government was just as negative in their approach. She felt the Government's decision was all about money, they did not want adolescent respondents to receive income support.

“Aye. Ah think it is just a case of they don't want us on income support, like money off the State and that. They don't want to be giving us it and they don't want us like living in council houses and getting our rent paid and that you know that's all it is really. They don't think of our situation, they think that by living in hostels they will get people to help with the babies. Well we don't need help”

Respondent 33 felt she was caring for her child. She said she did not need the Government's help because she knew instinctively how to care for a child. She had almost everything she needed to look after her child. She wished she sometimes had more money, but that would only be to spoil the child. She used her mother's catalogue to buy things. She needed some new clothes for herself and a Hoover for the house at the moment, but when she looked through the catalogue she ended up ordering things for the baby

instead.

Respondent 33 felt she had matured since having the baby but she also felt her relationship with her family had changed. She stated her stepfather liked to treat her like a child but her mother had told him she was an adult now. Her mother related to her as an adult. When asked how she felt about her, she replied she missed being spoilt and being a child in her parents' eyes. She felt that since becoming a mother having her own home, her relationship with her mother had changed significantly. She stated she used to argue all the time and bottle up all of her feelings. She was now more open with her mother and talked to her about what she thought and felt.

She was unsure about marriage. She was engaged but she did not plan to get married in the near future. She said there were too many marriages breaking up and there was no point getting married just for a piece of paper. Having a child had not put her off having more. She said she loved being in labour and managed without any pain relief.

She enjoyed coming to the Unit each day. She felt the teachers were approachable and she could really talk to them. When asked further about attendance at the Unit she responded she did not attend daily when she was pregnant:

"When ah first became pregnant ah was a bit depressed and that because ah hadn't telt me boyfriend ma age and ah was worrying and everything you know. Then when the baby was 2 months old ah came back and have loved it ever since, you know what ah mean"

Respondent 33 felt she had more confidence to return to the Unit after she had the baby. She stated the baby received the attention and not her and therefore she did not feel pressurised to talk about the age difference between her boyfriend and herself and the fact that she kept her age as a secret.

She received £74 per week from the State in her own right. She knew she could not manage if she did not also have her boyfriend income to support herself and the baby.

She knew she would have to leave the Unit at the end of the year but she wanted to stay to study for more exams. She new she would not be allowed to do this. She was not sure if she would keep in touch with her friends in the Unit after she left; this would be difficult, as they would attend the Unit each day. She had not given a great deal of thought regarding what she would do with her time after she left the Unit. She said she would like to come back and visit the teachers because they had done so much for her.

Semi-Structured Interview, 28 June 1999

Respondent 34

Respondent 34 was 15 years old when she had her baby and 14 when she became pregnant. She was four months pregnant when her mother suspected and told her she thought she was pregnant.

"I knew I was but ah was denying it"

Respondent 34 felt she was putting weight on and she not had a period for four months. When her mother shared her suspicions with her daughter she took her to the chemist and bought a pregnancy test. Her mother was quite calm but she herself was devastated. She did not stop crying for four days. She had a girl who was seven months old, and she is adamant she has no regrets. The father of the child denied paternity and he has never seen the child. Respondent 34 has had no communication with the father even though she lives near to him; she had not seen him. When asked if his family were aware of the pregnancy she said no and she was not going to tell them. She felt anger towards her boyfriend. She lived at home with her parents and her child. She felt her parents spoilt her they provided everything for her and the child.

Respondent 34 had a new boyfriend. She said he was all right, and he was good with the baby. He did not live near to her, but he came to visit. She met her new boyfriend through his job as a security guard near to where she lived. He is twenty and visited her often. He lived with his friend but she did not go and visit him very often, she relied on him visiting her.

When asked about motherhood Respondent 34 stated she felt she had matured, but:

"It's weird and it's hard"

She felt motherhood was hard work but she received a lot of support from her parents. Her parent looked after the child quite a lot so she felt she was free to go out when she wanted. Her father loved her child; he had been there at the birth along with her mother. She said her father had never seen her sister being born and therefore wanted to be present for his first granddaughter. The baby weighed six pounds at birth, which she thought was tiny, but she emphasised the child was "huge" now.

Respondent 34 said she had been attending the Unit for nearly a year and intended to stay on one more year. She stated she had taken three Maths exams and an English exam this year and would get her results in August. She had not attended school before she became pregnant but she did attend the Unit. She liked the Unit

She felt her social life was quite good; she went out with her friends but not to drink. A few times a week she also went out with her mother and the baby. She still maintained contact with some of the friends she had before she was

pregnant.

"I have got a friend who I have been to school with since nursery. She has had a baby, a little girl. She's like the only one ah really knew before ah came to this school. It was easy for her to come to this school because she knew me"

Respondent 34 felt she had a quiet baby. This pregnancy had not put her off having any more children. She stated she would have more children in a few years time. She felt she could look after her child on her own but it was nice to have her parents there to support her. She is the youngest child in the family and she stated she felt that her parents cared for her baby as their own child. Her older sister also lived at home. Her sister loved the baby when she is quiet, but when she starts to cry she gives her back.

She spoke again about the father of the child. She said he knew she was pregnant and he knew she delivered a little girl. He denied the child was his and he has never seen the baby.

"He said it wasn't his but ah knew it was his because he was the first one ah slept with"

Respondent 34 thought the child should meet the father. She said if he wanted to see the child she would let him but she was angry. The father had not given any money for the child. She said when she was 16 years old she wanted to have blood tests to prove he was indeed the father of her child.

She had only being seeing her new boyfriend for two moths. She said he was good with the baby but it was too early to know whether she would settle down with him. She wished she had been married before becoming pregnant. She hoped she would get married in the future. She had plans for the future. She wanted to take her exams at the Unit and then she wanted to go to college. She wanted to do a leisure and tourism course at college.

When asked about money, she responded:

"I only get £14.40 per week. That's from me allowance because I am not 16. I don't get milk tokens either"

Respondent 34 repeated that her parents bought everything for herself and the child because she could not manage on the money she received from the State. She knew when she 16 years of age she would receive more money from the State. She gave her present income to her mother each week but this only represented a small percentage of what her parents spent on the child and herself. She also smoked cigarettes. Her parents did not buy her cigarettes but her boyfriend did. She was happy to stay at home with her parents at least until she was 18 years old. Her parents were not strict, they let her come and go as she pleased. When asked if she helped her parents in the home, she responded

“Ah just sit on me bum and feed the baby”

Respondent 34's mother did not work at the moment so she did everything in the house. She said her mother would be starting a job soon and she would then help in the house.

She liked the Unit but was also conscious that she needed to begin to earn money when she was 16. She had plans to stay on at the Unit but also to secure a night time job. She knew that if she worked in the evening she would be entitled to family credit from the State. Her boyfriend had a good job and earned between £200- £300 pounds per week. She stated that her parents would support her if she secured a night-time job:

“Me mam and dad say if it is a night-time job they will look after her on the night but if it is a day-time job ah can't take it, but if ah go to college after ah will try and get a crèche place before ah go there. If not ah've just got to wait until she is in nursery”.

Semi-Structured Interview, 8 October 1999

Respondent 3

Respondent 3 was 15 years old when she became pregnant and had the baby at 16 years. She had been attending the Unit for 18 months. She is due to complete her education at the Unit this year and has taken a total of 6 GSCEs.

Respondent 3 stated she got a shock when she found out she was pregnant. She was 12 weeks when the pregnancy was confirmed. She had guessed because she was suffering from morning sickness. She had no contact with her father but her mother was very upset, she wanted her to have an abortion. She stated she was adamant she wanted to keep her baby.

Respondent 3 stated she was still with her boyfriend, the father of the child. The father was older, 21 years old. He had been very supportive and they had their own house, which they have lived in for almost 1 year. She stated they were engaged but had no plans to marry. She liked their home but she said there were still lots of things to do in it.

Respondent 3 feels she has matured since having the baby and establishing a home and stable relationship, she stated:

"It's just when ah look back at my old school friends they all still just go drinking on the streets and just be stupid and that and ah think oh God"

When asked if she any regrets she replied:

"Well if ah could turn the clocks back ah would want to wait until later on in life"

Respondent 3 did want to have another child but she would wait for a little while. She had a little boy, who at birth weighed almost 10 pounds. She had little difficulty with her labour even though he was a large child.

She lived near her mother and kept in regular contact with her. Her mother now had a boyfriend. She had 2 sisters one older and one younger. Her younger sister lived with her mother but her older sister had her own house, living with her boyfriend.

When asked about friends, she responded:

"Yea. I don't see many of me friends from me old school, just these friends at this school now. I still go out and that often. They'll come to my house and have a chinkies"

Respondent 3 did not see her old friends but she had made friends at the Unit and socialised with them outside of school. Her friends came to her house. She is one of the few respondents to have her own home so many of the others used her house as a base to meet each other which she enjoyed. Her

boyfriend did go out quite often with his friends but he did not go out drinking.

Respondent 3 stated that her boyfriend's mother was delighted when she became pregnant; she had been encouraging her to have a child. She had more than one son and desperately wanted one of her sons to have a child.

When asked about future plans, she said:

"Go to college but it will have to wait because ah cannot afford to go to college yet. Ah'll have to wait until he goes to school"

Respondent 3 wanted to go to college but childcare facilities were expensive and she would have to wait until the child was at school. Her boyfriend was not in employment but he was undertaking a training scheme, learning to drive forklift trucks. He was about to start work, she explained, he was waiting for a commencement date.

When asked if her boyfriend helped in caring for the baby, she said:

"He'll watch him, he is good with him but he'll not change his nappy, so if ah want to go somewhere ah've got to make sure he's got somewhere to go to get the bairns nappy changed"

Respondent 3 stated she had a good relationship with her mother but she never saw her father. Her father does not live nearby. He knew about the baby but she felt seeing him would just cause problems; she did not expand on the statement.

When asked about traditional school, like the majority of the other mothers she said she did not like it, and did not attend regularly.

"Ah was predicted to get low grades for ma GSCEs and ah did me Maths and ah got a 'C' and ah was predicted 'D' so ah really went off there. Ah think the education here is a lot better 'cause I'm not like slagging off the teachers like in the other school. Like here you've got all day and like the teachers come beside ye and they'll sit and explain things to ye so it is a lot easier"

Respondent 3 liked the Unit and liked the teachers giving individual attention to the mothers and allowing them to work at their own pace.

Respondent 3 worked as a cleaner in an old people's home:

"Ah work on a Monday, Wednesday and Friday night from 5 to 7 each night. And every other weekend but have packed me 5 – 7s in because ahm finding it a bit hard so ahm just doing every other weekend at the end of this month"

She received £3 ponds per hour for the work. In total she worked approximately 40 hours per month and did not pay tax or insurance. She stated however the state took most of her salary because she was not allowed to earn more the £15 per week when claiming income support. She

explained:

"Ah was earning £35 and they were taking £20 off me book and ah get to keep me wages and that's why. I'm working then for nothing so that's why ah packed me 5 – 7s in because it's tiring me out"

Respondent 3 was tired working evenings and financially she was better reducing her hours to weekends only. When asked if her boyfriend could work and earn money she replied that he was not supposed to be living with her and the baby. The house was in her name and her name was identified on the bills. She explained her boyfriend had all of his mail delivered to his mother.

When asked was it hard work being a single mother, Respondent 3 responded she was not a single parent. She said if she broke up with her boyfriend:

"Ah think ah would still be able to manage because ah know he'll be there all the time, he'll still give is money, so ah would be in the house all by meself then but ah've loads of friends"

When asked how much money she received, she replied:

"Ah get Child Benefit - £14.40p, on me other book ah get £39.78, that because ah get me money took of me book a week £20. And then ah get me wages though as well"

Respondent 3 could manage the money because her boyfriend also gave her £20 per week. She has enough money to pay the bills, but she added:

"Well that's it, ahm trying to decorate my house at the minute. Me wages is just for me house and ahm trying. Luckily enough they were all good carpets when ah moved in so ah just cleaned them up and ahm trying to buy new carpets like 'cause like they don't go with me wallpaper"

The grandparents bought the child clothes, which was a great help to Respondent 3. For herself she had to wait until Christmas and birthdays to get clothes as presents. She could not afford to go on holidays, but she had a friend whose mother had a caravan on a site so she was going there during the summer. She stated she did not spend a lot of money on food shopping. As she did not cook she had her lunch at the Unit and most nights she went to her mother's for tea.

She liked the Unit but she felt she had been there for to long. She was ready to leave. When asked what she wanted to do she replied:

"What ah wanted to do, ah wanted to do a computer course. Ah don't know what the course was called, but its five days a week and at the end of the course, you do it for a year, you come out with four GCSE 'C' grades. So you have got them no matter what as long as you stick the course out. Ah wanted

to do that and ah want eventually to work in a bank but ah would probably have to resit me English, 'cause ahm not all that good on me English”

Respondent 3 would get her exam results in 3 months. If she failed her exams she could not return to the Unit to resit them, the education authority would not allow this. If she wanted to take any further exams she would need to attend college and this was problematic because she could not afford childcare facilities.

She was also thinking of applying for another council house, she stated that she had seen a house:

“Well ah didn’t notice if it was a bigger house, it just looked it you know. My house when ah moved in ahm still waiting for repairs to be done and ah’ve been in 11 months. Ahm still waiting for them to come out and do things. Ah just looked at the house and ah knew the people who lived there and everything and ah thought it was going to be hardly anything needed to be done”

Respondent 3 did not think she would be successful in her application to the council for another house because she had no valid excuse for moving.

Semi-Structured Interview, 8 October 1999

Respondent 6

Respondent 6 was 15 years old when she became pregnant had the baby. Discovering she was pregnant was a shock. She was only 3 weeks pregnant when then pregnancy was confirmed. She explained:

"Yes, 'cause just before ah had a miscarriage in the January and then a month later in February ah had missed a period that was meant to come on and then ah done the test and ah was"

She stated her boyfriend who was the father of the child had been fine and they were still together. She now had a little girl. She enjoyed the pregnancy and delivery and was very happy with the care she received from the midwives. Her parents were not aware of the pregnancy until she was nearly eight months:

"I was always wearing baggy tops, really baggy tops and it came to the time when ah started needing stuff and that and me mam found out from me aunt and then me mam telt me dad"

Respondent 6 said her mother told she had suspected the pregnancy from the beginning but did not say anything. Her parents had known about the miscarriage so they had expected there would be another pregnancy soon afterwards. Her boyfriend was happy about both pregnancy and delighted when the second pregnancy progressed successfully. Her boyfriend was older than she; he is 22 years old.

Respondent 6 felt she had grown up and matured since having the baby:

"Ah feel more responsible for things. Well ah had a nephew and ah was always taking him out but now ah know how hard it is. Ah thought it would be like dead easy just picking up dropping him off, feeding him and that and ah thought it was dead easy but it's not"

She felt ready to have a baby but she knew as well as feeling ready to become a mother, finances were also important to care for the child. She thought she was a good mother and she said her parents were proud of her and how she had coped. Motherhood had changed her life. While she was pregnant she hardly went out. She did not have any money and hardship with finance continued:

"Cause ah only get the child benefit you know what you get once a month. Whereas normal people usually get it once a week but since ahm with me boyfriend, living with him, and I am getting money off him ah can only get it monthly. But his mam and dad like give is money weekly, so, like if ah run out ah've still got that money. 'Cause ah never had it before"

She stated she lived with her boyfriend and his parents also help her out with finances. Her boyfriend had a job working for his father. They had a house,

she explained:

“Cause me dad moved from where we were living and he just put me on the rent book, so ah got to keep the same house”

Respondent 6's father left all the furniture in the house so there was nothing for her to buy. She explained her Dad could not take his furniture where he was going, but she did not expand on this. The house was opposite where her boyfriends parents lived which was very useful because they helped with the child.

When asked how she met her boyfriend she responded:

“We used to go round with me two brothers and it was two years ago. It was nearly Father's Day and ah was going out with me brother and his girlfriend. Before ah went out ah seen him and ah was just standing talking to him and we just went out from there”

Respondent 6 was seeing her boyfriend for a year before she became pregnant. When asked if her parents had met him before the pregnancy she said no. Her parents did not know the father until after the baby was born. She did not say why this was but perhaps because of the age difference:

“Aye ah think so, ah just didn't want to tell them. In a way ah did but ah didn't. Because me dad is one of them dads who didn't really like the little girl going out with anyone, no-one is good enough, that's why ah didn't want to tell him”

She explained that everything was all right now and the families all accepted the situation. She has 2 older brothers and she feels her parents and brothers spoil her. She spoke about her brothers:

“Well me second oldest brother he has a little boy and he has been there but he has never really bothered with him 'cause he still can't adjust to being a dad. When me and the baby go there he is like playing with her and that”

Respondent 6 stated she did not have a social life but this did not upset her because she said she had never really gone out much. She still saw a couple of her friends now and again. She did not like traditional school and hardly ever attended. She said she used to leave her house for school but when she got near she turned into another street. When she missed school she would go into town for the day with her boyfriend. She liked the Unit, since commencing she had never missed a day. The Unit she felt was much better than school. The teachers were different and it was not like traditional school. This was her first year at the Unit and she would be attending for one further year.

When asked if she had taken any exams this year she replied:

“Ah've had me Health, Hygiene and Safety, Maths and English that's all ah've

done”

Respondent 6 did not seem concerned when she said she did not think she had done very well in the exams, but she thought she could take them again next year.

When asked did being a mother mean she had lost some of her freedom she responded:

“Ah think ah’ve just got about the same really. If ah want to go out like, if ah want to go to the pictures or somewhere, then me dad will watch her if his mam and dad haven’t got her. So it’s like if ah want to go out then ah just ask someone if they’ll take her but ah don’t really go out now. Ah like prefer to stay in with her”

When asked if her boyfriend went out, she replied:

“Well er, he used to but he’s getting over protective with her. Ah was locked out the house and he just wouldn’t leave until someone came ‘cause he turned round and said, “what’ll happen to her” ah turned round and said we’ll be fine. But he still wouldn’t leave so he’ll just not go out. He’ll go, “is it all right if ah go out next week” to me and Ah’ll go “well it’s not up to me”. He’ll go “can ah go out” and ah go “its up to you”.

Respondent 6 was happy with her boyfriend and thought they would stay together. She did not know if they would get married, they had no plans. She decided she did not want any more children at the moment; she wanted to get a job and make some money.

She thought being a mother was hard work. The hardest time was when the child was younger:

“‘Cause when they’re first born and in the first couple of months, you’ve always got to be there for them. They’re always wanting feeding, changing nappy, attention and everything but as soon as they get bigger they don’t need the nappy and everything done and you can leave them with people and go out”

She still had her friends but she did not see them very often because she did not really socialise. Sometimes she saw them at weekends but not very often. She had friends among the other mothers in the Unit but did not socialise with them outside of school.

Sometimes Respondent 6 came to the Unit without her child; she left the child with grandparents. She finished at the Unit at about 2pm and then went home, to do housework and made tea for her boyfriend coming from work. Her boyfriend did not work long hours, he usually got home at 4 p.m. but sometimes it was earlier. She had her boyfriend house trained; he liked to do the cooking if home from work. She said her boyfriend liked to watch the baby most of the time.

When asked if becoming a mother had reduced her choices, she responded:

"No, 'Cause like, as soon as ah was young, since ah was three or something, ever since then ah've always wanted to work with children. It still hasn't changed me mind with is having her and ah think it'll give is more of a chance to be able to cope with them with having her"

She thought she would go to college or university when she left the Unit but she did not expand on her plans to achieve this goal.

Even though Respondent 6 received money from the State and money from her boyfriend's parents she still found finances difficult. She said it was expensive to buy nappies and things for the baby. She received her money from the state on a Tuesday and money from the family on a Friday but it was hard to make it last. Her boyfriend paid the rent. She bought the child's clothes in town but she got her own clothes from her mother's catalogue.

"Ah think his mam is the one that has bought most of her clothes. 'Cause ah got most of the clothes given before she was born off friends, and then me mam and his mam were buying clothes for her so when it came to the time she was born ah didn't need to buy a clothes and ah still divven't. Ah've still got a couple of bags there that still need worn. Ah only buy her clothes every couple of months of something that's all she needs.

When asked about the Government's plans for adolescent mothers, Respondent 6 said:

"It's disgusting, it's stupid. Especially when they turn round and say people who are under 16 if they have bairns give then up for adoption. If they haven't got anywhere to go, fair enough, they will need somewhere like a hostel but if they've got somewhere to go then there's ney point"

She said she would never have given her baby up for adoption and she had somewhere to go and would never need a hostel.

Semi-Structured Interview, 8 October 1999

Respondent 35

Respondent 35 had her baby ten days after her 14th Birthday. It was a shock when she discovered she was pregnant. When asked how she knew she responded:

“Em, ah don’t know, ah just felt different and ah telt me GP and he made ‘is take a pregnancy test, and it was positive”

She was five months pregnant when the pregnancy was confirmed. Even before the pregnancy test she had guessed she was pregnant, but her parents had not. She told her parents herself they were shocked at first but then they stood by her. She said her parents were brilliant and they loved the baby. She told her boyfriend she was pregnant but she said he was not interested. Her boyfriend was a year older than she was, in her year at school. He had never seen the baby. His family was aware of the pregnancy and the child but they had not seen the baby, they did not want to see him. She received no financial support from the father either for herself or the child. She was bitter when she spoke of the father; she thought he also has a responsibility toward the child.

“It’s his choice that he doesn’t want to see him but ah shouldn’t have to cope with him all by me self, it takes two. He should be half of his responsibility as well as mine. And he should help is out, but he doesn’t”

Respondent 35’s parents were also resentful towards the father; they felt he should share his burden of responsibility. She had seen him but said he just ignored her. She has had one other boyfriend since having the baby, but she has no one now and is adamant she does not want another boyfriend.

When asked what it was like to be a mother she responded:

“It’s hard, it’s dead hard. Still being at school, trying to get good exam marks, ‘cause it’s really hard coming here trying to do your exams and there’s crying babies next door”

The noise in the Unit disturbed Respondent 35. She had taken two exams this year and would take a further eight exams next year. She had been attending the Unit for 18 months; she felt she was now part of the fixtures. She had planned to stay at the Unit for a further year and then attend a six-form college to continue her education. She knew she needed 3 “A” level or their equivalent to undertake the midwifery programme. When asked why she wanted to be a midwife, she responded:

“Ah don’t know, ah’ve always been interested in like doctors and things and ah think its brilliant what they do”

Respondent 35 also stated when she was pregnant her midwives were brilliant. She enjoyed the experience of pregnancy but she did not want to

have any more children. She was very enthusiastic about her future career. She now thought she should have undertaken her career before having a child:

“Ah just want a job, ah want a career but ah should ah done that like the other way round and then had the baby”

She did attend school before she became pregnant; she met the father of the child in school. She was quite negative about the Unit, mainly commenting on the childcare facilities:

“Oh, it's hard though; ah think there should be nannies to look after all the kids”

Respondent 35 had enjoyed school and enjoyed education. Even though she attended the Unit regularly she was not happy with the noise from the children. She appeared to miss the traditional school environment, which differed from other mothers in the Unit who disliked traditional school and did not attend.

“Ah would like to go to mainstream school and have the baby watched by me mam and dad. Ah couldn't get him watched every day, and ah wouldn't like to leave him for that long from 9 'til 3”

Although Respondent 35 was very conscious of her education, childcare facilities worried her and were a priority. She stated she had total responsibility for the care of her child, although sometimes when she was tired her mother would help her. Her mother also cared for the child during the night on two nights per week to allow her to rest. She explained she still has a social life, and went out on average two nights per week with her friends. When asked if she kept in touch with her friends, she responded:

“Not really, there are two friends who ah went to primary school with and then secondary school with, most of them ah just lost touch with them when ah fell pregnant”

Like many of the mothers in the Unit Respondent 35 had lost touch with the majority of her friends since becoming pregnant and having the baby. She had made new friends with the other respondents and socialised with them outside the Unit. When asked about her friends in the Unit she replied:

“I suppose its easier coming here because everyone's in the same situation. They're young and having a baby, where at school you'd feel out of place”

She felt that she had something in common with the others in the Unit, motherhood. She was conscious that she would feel out of place being a mother in traditional school.

When asked if she felt grown up being a mother, she responded:

“Ah feel like I’m thirty”

Respondent 35 felt she had a good relationship with her parents but the relationship had changed since having the baby. Her parents were different towards her now and she regretted the change. She felt she was missing out in life, missing her social life and most of all she was conscious she was missing out on her education. She felt she had less freedom:

“You can’t like just get up and go somewhere. You have to worry about the baby, who is going to watch the baby and if he’s not well and things like that that you panic. Well I do with is being young and ah don’t know what’s wrong with him”

Respondent 35 was conscious she was a young mother and inexperienced. She felt her age made her panic when she thought there was something wrong with the baby. She felt it was the best thing to live with her parents:

“I couldn’t cope living on me own. When he had colic he used to hold his breath for long periods of time and ah used to get dead upset all the time but me ma and da were there. I think if ah was by myself ah would be lonely”

When asked if she would consider getting married in the future, she responded she hoped not.

When asked about her daily routine, Respondent 35 said:

“Ah get up, usually we both have our breakfast then we get dressed then just basically waiting for the bus and we come to school and it’s like juggling all the time. You try to do some work while he’s playing and when he’s crying you have to stop and you try and settle him down so that you can get on with your work. Barbara’s in one ear and Margaret’s (the Unit teachers) in the other ear and the babies crying, it’s dead hard. When ah go home he usually has a sleep, then ah help me mam a lot. He usually plays in the front garden and ah have to keep an eye on him. He has a bath then goes to bed every day, he is in bed for six o’clock”

Again Respondent 35 was conscious of the noise in the Unit, which disturbed her and disturbed her studying. When she got home from the Unit and the baby was put to bed she liked to read and then help her mother with the housework.

She found weekends boring:

“Boring weekends. Ah hate Sundays ah have to go to church and everything. Saturday, me mam usually takes him out on a Saturday and ah do all the housework and then on a Sunday everyone goes to me grandma’s, all the family for their dinner. He loves that ‘cause like there’s younger grandkids as well and he plays with them”

The family, she felt spoilt the baby, but she explained:

"It's hard for me 'cause ah don't get income support, ah just get child benefit so like when Christmas and birthdays come ah can't really afford to buy him anything so me mam and dad have to"

Respondent 35 receives £17.10p per week from the State. She cannot manage with this money. Her parents buy clothes for the baby and herself. Her parents give her money to go out. She explained by the time she buys nappies, baby wipes and talc with her income she has nothing left. She knew she would be entitled to income support when she was 16 years old but for now she and her child had to rely on her parents for financial support. She explained she had a good relationship with her parents but she knew she had little choice.

When asked what she wanted to do, she responded:

"Ah don't know I'd like to move anywhere totally different. Ah want to see the World. It's too hard ah should add. Like staying at school and getting a career and things, and then ah had the baby. It's hard like, you know ah was going to go to college and things, but it's hard to get child care, you have to pay childcare and it's really expensive"

Respondent 35 had aspirations and she was conscious that she could not achieve what she wanted. She felt she was disadvantaged and her life was very hard. Even with her disappointment, she had the responsibility of caring for a child and she accepted this. She also felt she was fortunate to have her parents and she had no plans to leave home, she felt she could not manage with a child on her own.

She had strong feelings about the baby's father and the feelings were not just related to financial support, she felt the child should know his father:

"Ah think someone should do something about it like. You can't force him to see the baby but like if he gets a job or something he should have to pay me money. It's not really about the money it is just he is baby's dad and it is not fair"

Respondent 35 had aspirations for the future and they were focused on education but she was also realistic:

"All I want to concentrate on now is me exams and ah want to go to University after me 'A' levels but there is no way ah can afford it"

She recognised childcare was expensive and this would stop her pursuing her educational goals. At the Unit she would complete a total of 9 GCSEs where the majority of the mother completed 4 or 5.

Semi-Structured Interview, 1 November 1999

Respondent 23

Respondent 23 is 14 years old and 4 months pregnant. She stated she got a shock when she found she was pregnant. When asked how her parents had reacted she stated:

"Well, at first they didn't want to know but now they're dead supportive about it"

She lived at home with her mother; her father did not live with them anymore. She still saw her father he visits every Friday. She also has a brother and sister at home, both younger than her. She helps her mother to look after her brother and sister and she babysat a lot.

Respondent 23 said she was not frightened; she had booked into the hospital, met her midwife and was having a scan in a few weeks. She was not bothered about having a child at 15 years; her mother had also been 15 years old when she had her.

She did not really see much of her friends from school but she stated she had lots of friends near to where she lived and lots of friends in the Unit. She also had a cousin who had a baby when she was 15 years old and he was nearly 2 years old now. Her cousin had a flat near to where she lived.

When asked about the father of the child she said:

"When ah told him he didn't phone 'is for about three weeks. Ah phoned, he was avoiding me calls and he works away and just before he went away again he phoned is and told is we were finished and ah hardly hear from him now. He doesn't phone is when he's home. He phones is every month or something, every three weeks. He phoned last week in the middle of the night and me mam wouldn't let him talk to is cause he woke her up and she had to get up in two hours for work"

She said he was 17 years old. When asked if he worked, she replied:

"Well one of the reasons ah finished the first time was because of his job. Ah had been seeing for two months and when the hoppings came this year he went and got a job on one of the rides and decided he was going to work away with them. So when he went to work away ah told him if he went ah didn't want anything to do with him. Ah know what they are like when they go and work away 'cause ah've got loads of friends who've gone to work away with them. Ah like know loads of people who work through their families and everything. And then when he came back ah started seeing him again. And then every time he comes back if he does phone is, he comes back every 4-6 weeks, back for a week and a half. He says when he first comes back ah promise you ahm not going back any more and he goes back every time without telling is or without 'phoning is"

He knew she was pregnant. She stated his response to the pregnancy was:

"At first he was saying he wanted is to get an abortion because it was too much responsibility and then he turned round and said keep it and ah'll stand by you and everything. Then he says since you've kept it ah don't want anything to do wi ye because it is too much responsibility for me, ahm too young"

Respondent 23 said her boyfriend's parents were aware of the pregnancy. She said at first they had been fine, but when she and her mother telephoned to say they would visit they were always busy. She had never received a phone call from them, so her mother said they should just leave it. Her mother has also said that her boyfriend cannot see the baby when it is born unless he gives his wages to help in providing for the child.

Respondent 23 had a social worker and she stated:

"Well what me Social Worker said was with him working away with the hoppings and they travel so much she doesn't think they will be able to get the money off him because he is given cash in hand"

Respondent 23 felt she could manage by herself with the help of her family, she explained even her younger sister was saving her pocket money for the baby.

"And me mam says she will help as much as she can. But she is a teacher and she gets a low salary because it is only her second year and me dad just works in my aunt's café so none of them have got much money but they've both said they will help out as much as they can. And me grandma is retiring. She says if ah want to come here some days when ah've had it she'll look after the baby so ah can get more work done"

The Pupil Referral Unit is situated adjacent to a primary school. Respondent 23's mother works as a teacher in the reception class of the primary school. Sometimes, when the Unit finishes at 2 p.m. she goes along and helps her mother until it is time to go home.

She has not done much preparation for the baby as her mother felt it was a little early, but she stated:

"Well me mam decided not. Ahm getting quite a few things for Christmas 'cause there's not much ah want. Ah'mm only getting a couple of CD's and bits of jewelry and then ah'mm getting things for the baby. Me man's got loads of friends who have just had babies. My aunt's had one not long ago so ah'mm getting me pram off her. She was going to put it in the paper for £200 because it was about £700 and me dad's buying it for £100 'cause she's just moved house and she's got no money. Ah'mm getting things like sterilisers and car seats to borrow off me mam's Nursery Nurse and me grandma's buying is some stuff. But ah've only got a couple of vests that me mam decided to buy when she had been for a drink one dinnertime with her friend.

She was drunk and she went and started buying vests and she got a little mint hat with silver stars on and booties and mittens to match but that's all ah've got"

Respondent 23 said she wanted a little girl. She wanted to be able to dress the baby up in frilly dresses. She had already chosen the baby's names for either a girl or a boy. She felt happy about the baby and she knew she was well supported by her mother and her father even though he did not live with the rest of the family. She did not feel as yet she had lost any of her freedom. She went out with her friends in the evening but she no longer drinks alcohol. Her friends got really drunk but she did not have anything. She was amused when she said when they were drunk her friends argued with their boyfriends, but she only watched laughing. She did smoke but she had stopped when she found she was pregnant. It took her a couple of weeks to stop smoking but she is pleased because she knew that with the baby she could not afford to smoke.

When asked if she would like the father of her child to know the child she responded:

"Only if he helps. If he gives me money to bring it up. Because ah don't see why he should if he doesn't 'cause my family are having to pay for everything and ah'mm having to sacrifice everything and he's just not doing anything at all at the minute"

Respondent 23 saw herself and her family as bearing all the responsibility. She knew she was beginning to feel tired and would not want to go out. She said she did not mind not going out in the winter because it was cold and dark, but she would mind when she could not go out with her friends in spring and summer.

She stated she had her figure still and was only just beginning to show. She thought being so skinny she would have no problem regaining her figure after she had the baby. She said her mother was making her do exercises every night on an exercise machine to make sure she does not put too much weight on.

She described her house:

"No, well it's not that big it's just a small council house. It's got three bedrooms but me mam's made it into four so we can all have our own room. Me brother and sister has the big room with the wall down the middle making it the two littlest rooms now. She's got the biggest room and ah've got the middle room now but it's still tiny"

When she has the baby she will care for it in her bedroom. When asked about helping with the housework, she responded:

"Me mam hardly ever does anything 'cause she's never there. We get left a big long list and all the housework gets done on a Friday and me mam does a

little bit on a Saturday morning. She usually goes to the town shopping or something with her friends, or she goes to one of her friends for a cup of coffee. She's getting her hair cut the morrow and then she's taking me to Tosco's 'cause ah've got these offer things. Ah got about three coupons to get a packet of nappies half price so she says ah've got to get them before they run out. 'Cause they run out at the end of the month and she's just got paid and she says we've got to go before she's got no money 'cause she's started Christmas shopping"

Respondent 23 stated she got £14 per week child benefit from the State. She knew this would be the only money she would receive to help with the baby until she was 16 years old. She stated her mother would have to support her, but her mother was not very happy about it. Money was tight for the family; her mother only had £40 left to last until the end of the month. Her mother bought food shopping at the beginning of the moth when she got paid, so they had enough food to last. It was difficult for her mother to pay the bills:

"Well me granddad and grandma sometimes help out and give her a bit of money towards rent and stuff if she's got no money that month. She had to get a new car because we had a really old car it was a Nissan Sunny and she loved it she didn't want to get a new one but we were lucky if it actually got to the end of the street. It's only three doors, so she had to get a new one so she thought she would quite a new one so it would last so she got an R reg. and it was £5000 ah think. Ah think she's paying that off at £200 per month"

Respondent 23 said she hated school but she loved the Unit. When asked why she loved coming to the Unit, she replied:

"Ah don't know. There's not so many people and it's easier to get on with them 'cause they are all in the same position and there's no bullying and you get more attention off the teachers"

She was doing 8 GSCEs at the Unit:

"English, English literature, Maths, Science, History, Child Development, and IT"

She wanted to be either a teacher or a fitness instructor. She explained her mother was a fitness fanatic and went to the gym 4 nights per week. Her mother is 31 years old. She said she was mad because she is going to be a grandmother so young. Her father is 33 years old and he is also unhappy he is going to be a grandfather because his friends were making fun of him.

When asked what kind of future she wanted for her child she said:

"Em, for it to be brought up well and for it to go to a good school and everything. Ah want it to come to my mam's school, because ah came here, me mam came here and ah want the baby to 'cause me mam teaches here and me grandma taught here and everything. 'Cause we've lived in the area, well we didn't live in the area all the time, when we mam got divorced we

moved back next to me grandma again”

Respondent 23 parents were now divorced so her mother moved the family back to where her grandparents lived. Neither of her parents had remarried. Her mother did have a boyfriend, but her father thought women were a waste of time. She did not think her parents would ever get back together. She said they did get along all right:

“Oh, me dad seems to have changed a little bit. They’ve just started really getting on but when they were married he just used to go and spend everything in the pub. It just used to be his life but he doesn’t go as much. His friend is locked up, he got 12 years for the shooting in the Sporting Arms and he’s children died last year in a fire”

Respondent 23 explained she used to baby-sit for his father friend’s children. She said they used to get drunk every night, her father and his best friend. Her father’s friend has served over a year of his sentence but he probably would not get out of prison until 2005. Her father was missing his friend and now did not go out as often nor drink as much as he had.

She explained that not only did her father’s friend’s children die in the fire but his girlfriend, the children’s mother also died. She was pregnant when she died in the fire. She said the whole event had been very sad and the whole family had been affected by it. She stated the fire had been set deliberately out of revenge, but no one had been found or arrested for causing the fire. She had thought that her own best friend’s brother had caused the fire but he was not caught.

Respondent 23 ended the interview discussing the need to know how much money she would get from the State when she had the baby. She was worried about having money to care for the baby because her mother did not have enough. She would speak to her social worker about this

Semi-Structured Interview, 1 November 1999

Respondent 36

Respondent 36 was 15 years old and 7 months pregnant. She had been feeling sick and dizzy on occasions during the pregnancy. The pregnancy was not planned and she got a shock when the pregnancy was confirmed. She said now she was over the shock she felt well.

She liked coming to the Unit. She did not like traditional school and did not attend. She was taking a range of subjects at GCSE at the Unit but not the same subjects as she did at school. When asked which subjects she was taken, she replied:

“Maths, English, Child Development, Health & Hygiene”

Respondent 36 had plans to take her exams next year as she was staying on at the Unit for another year. She felt she would be able to manage when she became a mother. She had support from her family and friends and was used to looking after babies. She did not see many of her friends now because she did not go out very much; she said she was too tired. She had made friends with the mothers at the Unit but she did not socialise with them outside of school.

She stated she had stopped smoking since becoming pregnant because she knew this was not good for the baby. She missed having a cigarette but felt better. When asked if she had given up alcohol, she replied yes and she had never drunk very much prior to pregnancy.

She was worried about having the baby. Her specific anxieties centered on labour:

“It just scares me when I think of it and that, when you go in hospital. People say when you get stitched back up and that and that worries me”

She was also anxious about the pain of labour; she had never had pain and therefore felt she was not used to it. She explained she was frightened of hospital and did not want to sleep there after she had the baby. She did not want to sleep in hospital on her own; she wanted someone she knew to be with her. She had been told she would have to stay in hospital for 5 days after she had the baby and this was worrying her. She had discussed her fears with her mother, she explained:

“Ah telt ah don’t want to stay in the hospital and she says ask then if you feel all right can you come out”

Respondent 36 knew if she felt ill she would have to stay in hospital but even if poorly she wanted to go home.

She knew the baby was a little boy because the hospital had told her. She was told when she had her scan. Knowing the sex of the baby had helped

her to choose a name and get things ready.

When asked about the father of the child, she said he was in the South and to far away. She said he did not know about the baby. She had decided she did not want to tell him she was pregnant she preferred to just leave things as they were. She felt she was better off on her own with the child. She did not keep in contact with her boyfriend and she had no idea of his address.

When asked if Respondent 36 would have help to care for the baby, she responded her mother would help her:

"Oh, yea. Ah'll be bringing it to school every day. If ah want a sleep she says she will look after it until ah've had a few hours sleep. She says she will help me; she'll have the baby like when ah want to come to school on me own. She says she will have the baby then"

She lives at home with her mother and one of her siblings. She is prepared for the baby. She listed the equipment she had ready at home:

"Pram, cot, sterilizer, bouncer, baby-walker, clothes, dummies, bottles, everything. There's things that you put on when you put the baby on your stomach, ah've got one of them, car seat"

The car seat was for use when the minibus picked her up to bring her to the unit. She had plans to return to the Unit 2 weeks after she had the baby.

When asked if her mother had got a shock when the pregnancy was discovered, she responded:

"She was a bit shocked. 'Cause ahm too young and that, but she's got over it now. She's looking forward actually"

Respondent 36's mother had accepted the pregnancy. When asked about her father's reaction, she replied she never saw her father. She had no idea where her father lived, as she had not seen him for 15 years. Her mother had not remarried and she did not work. She had given some thought to the baby's father. She did not expect to see him again because he did not know where she lived. She thought this was for the best. She had been going out with her boyfriend for 3 months when they split up. She had never met his parents and did not know where they lived. She said she had liked him but he began to get nasty so she finished with him. He was older, 22 years old. She would be 16 years old before she had her baby and she knew financially this would help because she would be able to claim income support and child benefit from the State. She did not receive any money at the present time. She was not sure how much she would get when she 16 years old and had the baby.

She had a social worker, and the social worker had helped her to get the equipment she needed for the baby. She was also going to see a Psychologist. She was reluctant to say anything else other than she had her

first appointment booked.

During the interview Respondent 36 constantly referred back to being in labour. She had been frightened by stories of the pain. She wanted to know if an epidural would hurt because she had been told it would. She had thought it might be better to have pethidine because the epidural needle would hurt her. She also wanted to know how long it would take to have the baby delivered.

She had decided she did not want to come to school in the late stages of her pregnancy, she explained:

“Ah’mmm not going to come to school in the 9th month, ‘cause Ah’ll be scared. Ah don’t want to go into labour at school, ah want to be where me mam is”

Respondent 36 wanted to get straight up when she had the baby. She wanted to know if the midwives would teach how to bath the baby and also if she were tired would they feed the baby. She had already decided she wanted to bottle feed the baby. She did not want to stay in hospital she wanted to go home as soon as she had the baby. She was reassured to know the community midwife would come and visit her in her own house. She said if her mother could not sleep in hospital with her then she would have to come straight home. She explained her fear of hospital; she had been in hospital before:

“Well I took an overdose, it makes me have nightmares and ah see things, ah see all ghosts as well and ah don’t eat while ah’mmm in hospital because ah don’t like hospital food”

Respondent 36 took an overdose 2 years ago when she was 13 years old. She did not like hospital because she had nightmares and she had to have her stomach pumped. When asked what she had taken, she responded:

“Paracetamol, iron tablets and ah div’nt na, one of these little pink ones, migraine ones, lots of different ones”

Someone found her lying on the floor. She stated she was in Coventry lying on a bathroom floor when she was found. She did not say why she was in Coventry at the time but she talked about her stay in hospital:

“They let me out though straight away when ah asked them but ah had to go back in because ah was sick and everything, ah didn’t want to but they had to take me back in”

When asked why she took an overdose, she stated she was annoyed. She was staying in a children home in Coventry and she did not want to be there. She was there with her brother. She did not like the home and did not want to be there. She and her brother were back home now with her mother.

Copies of Publications Relating to Adolescent Motherhood

1. BARRELL. M. 2000 *Educational experiences of adolescent mothers*, The Practising Midwife, 3(9), p30-32, October
2. BARRELL. M. 2003 *Adolescent Motherhood in an Inner City in the UK: Experiences and Needs of a Group of Adolescent Mothers*, The Practising Midwife, 6, (3), p21-24, March
3. BARRELL. M. 2006 *Adolescent Motherhood may not be a bad thing* Practising Midwife, (9), (1), p 4-5, January
4. BLACKBURNE. E. 1998 Teenage pregnancy link with truancy (Research at Northumbria University Maria Davison (Barrell)) The Journal Newspaper, 31 October,
5. DAVISON (Barrell). M. 1998 Teenage mums given a raw deal (Maria Davison (Barrell) Head of Midwifery at Northumbria University, stands up for young mothers), The Journal Newspaper, 14 March

Educational experiences of adolescent mothers

*'The girl who has an illegitimate child at the age of 16 suddenly has 90% of her life's script written for her... Her life choices are few, and most of them are bad.'*¹

POPULAR SOCIETAL VIEWS appear to support the notion that adolescent mothers are more likely to drop out of education and less likely to find reasonably paid employment than are older mothers. They are also less likely to space births and more likely to have higher fertility than are women who delay childbearing until their 20s.² Society has focused primarily on the socio-economic status of adolescent mothers, particularly their increasing dependency on the State. The greatest change in adolescent childbearing during the last 30 years has been the increase in single parents, with a decline in financial resources for single mothers and their children.

The aim of this article is to explore the educational experiences of adolescent mothers and the impact childbearing and childrearing has on educational attainment and long term aspirations.

Long-term outcomes

There is little information available on the long-term effects of adolescent pregnancy, despite the continuing perceived problem of births to adolescent mothers and Government interventions designed to reduce the problem or the negative effects. Early childbearing and childrearing have been associated with a wide range of short-term negative outcomes, including State dependence, early school leaving and poor educational achievement for adolescent mothers.^{3,4,5}

In 1991, a study⁶ suggested that previously held notions regarding adolescent pregnancy needed to be re-examined. The negative consequences of adolescent motherhood are well known and include completing less schooling, having more children than wanted, being under-represented in management and professional employment, and, in the early years, being largely supported by the State. The researchers found that most former adolescent mothers complete a reasonable amount of education and are economically self-

sufficient. The study indicated that at 26 months following delivery adolescent mothers who reported a sense of control over their lives were five to eight times more likely to be long-term successes. The authors suggest control or self-efficacy is an important influence in people's lives. When socio-economic factors are taken into account, the impact of maternal age on child outcomes is greatly reduced or no longer significant. Long-term outcomes of adolescent pregnancy may not be as negative as the short-term outcomes for both mother and child. This research indicated a programme designed to support adolescent mothers contributed to their long-term success.

Although this study⁶ was conducted in the US, comparisons can be made to the UK, specifically in relation to socio-economic status and age. In the study the adolescent mothers were pregnant in the 1960s, and comparisons to adolescent pregnancy in the 1990s may be difficult to make, aside from the fact that then, as now, adolescent pregnancy outside of marriage was perceived by society to be a problem. Nevertheless, the conclusions are significant in challenging the popular belief that adolescent pregnancy has a negative outcome for mother and child.

Educational achievement

Women who become parents as adolescents are less likely to complete their education.⁷ This has become a popular belief in society, and research in the field that has attempted to prove or disprove this assertion has been limited and heavily criticised for its methodologies. The question being asked by researchers is whether the relatively disadvantaged background of many adolescent mothers predisposes to poor educational achievement.⁷ There is a paucity of research that focuses on adolescent motherhood and educational achievement, giving rise to the popular myth which links poor educational attainment and adolescent motherhood. In 1978, research⁸ indicated the negative effect of childbearing in adolescent mothers on educational achievement; however, this research is twenty years old and the methodology has been criticised for not including variables such as class and ethnicity. Sociological

research conducted in 1984⁹ found that age at first pregnancy significantly affected educational achievement, but the impact is much smaller than previous research had indicated.

Opportunities available to adolescent mothers to support themselves and their children are determined by career prospects. In turn, career prospects are determined by educational qualification. Caring for children during early adolescent years may reduce an adolescent mother's investment in completion of formal education in comparison to adolescents who do not have children. In the UK, the estimated completion of formal education is 16 years. Childbearing and childrearing may extend this period, but it may not exclude adolescent mothers from completion.¹⁰

Attendance at school

Studies have suggested that school failure was a crucial factor in a series of events that lead to early childbearing.¹¹ The belief has been that girls drop out of school because they are pregnant, but it is suggested that many adolescent females drop out of school before pregnancy. Data from the National High School and Beyond study revealed that, of all those who dropped out of school and gave birth to a child, 28% had left school before conception. A survey of never-married mothers in their twenties showed that among those who both became pregnant and dropped out of school, 61% of pregnancies occurred after they had left school; a survey of very young welfare mothers showed that 20% were already out of school before conception.¹¹

Level of education is related to future prospects, more significantly than ethnic or class background. Education is a predictor of the future in respect primarily of job success or unemployment, reliance on the state or financial independence, and planned or unplanned parenthood. Research indicates that early childbearing significantly reduces the school completion rates of young women who had already dropped out of school before pregnancy. In comparison, among adolescents still in school at the time of childbirth, childbearing appears to have little direct impact on the chance of completing school. The strongest determinant of an adolescent mother's success in education is whether she is in school at the time she gives birth, rather than her age at the time of birth. It is suggested that young mothers who remain in school are self-selected and motivated. Childbearing may interfere with the average length of time to complete education, but for motivated adolescent mothers childbearing does not interfere with the drive to complete.¹¹

Support programmes

The growing concern over the problems associated with adolescent pregnancy has led to a significant increase in the number of programmes designed to specifically help or alleviate the problems, both in the US and in the UK. Unfortunately, assessment of the effectiveness of these

programmes has not kept pace with their proliferation. Among the most common evaluation failings of the programmes are the absence of an adequate comparison group and lack of longitudinal data.¹²

Pilot study

Pupil Referral Units came into existence in the UK in the early 1990s, in response to the problems adolescent mothers face with pregnancy, motherhood and childcare if they return to mainstream education. The Units were developed with the specific remit of providing adolescent mothers with opportunities to complete their formal education whilst recognising and facilitating their role as mothers. The design and function of the Units differs significantly across the UK, but in the Unit which provides the focus of this study, mothers attend school with their children and are responsible for their child's care during the educational process.

The study provides an opportunity to address issues from the vantage point of the adolescent mothers themselves, as they participate in a specially designed educational programme to allow them to complete their compulsory education. They of course represent a small percentage of the total adolescent mother population requiring completion of compulsory education. Some adolescent mothers may return to mainstream education and some may have private tuition at home.

The study involves the author observing and talking to a group of 37 adolescent mothers between the ages of 14 and 17. This group of mothers on confirmation of pregnancy joined the Unit to complete their education and care for their children simultaneously. The Unit recognises the role of mother whilst also recognising the educational needs these mothers have. For the majority of the mothers attending the Unit, education has not been a priority in their lives. The majority of the mothers have had a sporadic attendance at traditional school prior to becoming pregnant. With pregnancy, it could be suggested, the mothers have been given the opportunity to return to school.

The pilot study involved five focus group discussions with groups of 6-7 mothers. The groups were determined by the mothers and reflected natural groupings based on age and established friendships. Three key themes emerged from the discussions:

- Previous experiences of school
- Attendance at the Pupil Referral Unit
- Educational aspirations of the adolescent mothers and plans for the future.

Previous experiences of school

It was apparent from the mothers' responses that the majority did not enjoy school and did not attend. The mothers were not forthcoming in explaining why they did not enjoy school. One mother did state that she attended school but not the lessons, perhaps enjoying

the social interaction with peers but not the educational experiences. One mother said she did go to school, but only to attend the swimming lessons. One mother stated she did like school, but not the teachers. Dislike and non-attendance at school appeared to be a chronic situation, but the reasons were unclear and the mothers were reluctant to explain. None of the mothers mentioned pressure exerted on them to attend school. Discussion with the Head Teacher at the Unit revealed that attendance at school for many of the mothers prior to pregnancy was poor.

Attendance at the Unit

Comments from the mothers were positive regarding attendance at the Pupil Referral Unit. The mothers are transported to and from the Unit with their babies every day. School begins at 9.30am and ends at 2pm. The mothers commented that the Unit was not like school, it was a 'different atmosphere'. The mothers work individually, at their own pace. They are allowed to sit with their friends. The Unit has two full time teachers who work with each mother on an individual basis.

Attendance at the Unit appeared to centre on the facility for the mothers to take their children with them. The mothers whilst attending the Unit were responsible for the care of their child. Mothers commented that being able to bring the children with them to the Unit was positive. One mother stated that she would worry about the child if he were not with her. Discussion with the Head Teacher revealed that attendance at the Unit was excellent. The mothers felt that coming to the Unit every day gave a structure to their lives, providing a place where they could take their baby and be with other mothers in similar situations.

Mothers joined the unit early in their pregnancies and continued to attend the school until their compulsory education was completed. The mothers were offered a range of subjects at GCSE level including English, Maths and Child Development. Although the mothers did not identify education as being the only reason for attendance, educational achievement and completion of compulsory education was a positive outcome. It is also interesting to note that mothers liked the Unit because it is not like traditional school.

Aspirations and plans

Most mothers were clear about what subjects and exams they wanted to take, and about their plans for the future. Popular subjects included Maths, Art and Child Development. Many mothers knew what they wanted to do when they had completed their compulsory education but some said they were concentrating on the pregnancy and motherhood. Those who had ideas about career plans did not seem to be clear about how they would progress to achieve their aspirations.

A significant number of the mothers expressed interest in occupations related to caring, for example

becoming a nursery nurse, a nurse or a midwife. One mother indicated she wanted a similar job to her own mother's. Two of the mothers commented that they wanted to travel. A few indicated that they were considering further education. There was little comment regarding childcare provision or any difficulties anticipated whilst they pursued a career.

Conclusion

Government policy has turned its attention to educational provision for adolescent mothers, in particular providing them with the means to secure employment to support their children. Research suggests that short-term investment in education for adolescent mothers can determine long-term success.

The initial findings of this study have indicated that, for the majority of the mothers, pregnancy was not the reason they dropped out of school. Pregnancy has offered many of the mothers in the study the opportunity to return to complete their education, but not in a traditional school environment. The mothers do achieve at the Unit but there are also other benefits, for example, peer support, childcare facilities and a social support network. The next stage of the research will involve semi-structured interviews with the mothers, exploring the realities of their lives, their hopes and their future aspirations.

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Adolescent motherhood

in an inner city area in the UK:

Experiences and needs of a group of adolescent mothers

An examination of the issues faced by young pregnant women

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IT APPEARS THAT there is a sense of crisis related to adolescent motherhood in the United Kingdom (Social Exclusion Unit 1999). This crisis focuses not only on the increase in adolescent births but the socio-economic context in which those births occur and the cultural ideology they challenge. Lawson & Rhode (1993) argue that adolescent motherhood challenges traditional assumptions about the boundaries of youth and sexual independence at a time when adolescents cannot readily achieve financial independence. In the UK there is a convergence of related trends.

Trends include:

- Increased levels of sexual activity, especially outside of marital relationships
- More unplanned pregnancies, resulting in more abortions
- Higher rates of non-marital childbirths and single parenting
- Greater numbers of young female headed families living in poverty, dependent on the State and subject to all the disadvantages accompanying that status.

British attitudes to adolescent motherhood have been viewed as constituting a 'subdued moral panic' (Henshaw et al 1989). One major criticism of some of the research undertaken in adolescent motherhood is it has a tendency to be labelled as unplanned, unwanted and outside of marriage. Macintyre and Cunningham-Burley (1993) suggest that this form of analysis is narrow and limited, as it does not take into account wider societal issues. The increase in sexual activity, abortions, non-marital childbirth, single parenting and female poverty is also apparent among the older population as well as younger, and in many cultures some of these trends are viewed as relatively unproblematic. High levels of sexual activity, frequency of abortion and non-marital childbirth prove little concern in some countries e.g.

Sweden. In the UK where overall rates of adolescent fertility are lower than the US the proportion of non-marital childbirth is higher (Vinovskis 1988, ONS 2002). It is suggested that there is in fact no consensus as to whether adolescent motherhood is a serious social problem.

Research suggests that the vast majority of adolescent mothers are eventually able to complete their education (Waite and Moore 1978), secure full time employment, and avoid state dependency. Not all are, in any case, dependent upon the state. The achievements of many adolescent mothers and their children should not deflect attention from the hardships they confront or from the substantial number who experience enduring difficulties. Not only has popular research in the area of adolescent motherhood misrepresented the problem, it has also misjudged the prescription (Lawson and Rhode 1993). Pearce (1993) argues that the common characterisation of 'children bearing children' disempowers adolescents and suggests that adolescents lack maturity in decision making. Lawson and Rhode (1993) suggest childbirth is one of the few avenues available to satisfy needs to love and be loved for many adolescents from disadvantaged backgrounds.

In the literature there seems confusion in relation to adolescent decision making and who should be making decisions. With regard to motherhood the popular view focuses on the maturity of the adolescent and the inability to make a rational choice. However, Ruddich (1993) suggests that this is not always the case: adolescent choices can be viewed as rational but in many of the studies undertaken in this area this choice has failed to be acknowledged. Adolescents are confronted with three choices, whether to engage in sexual activity, whether to use contraception and whether to bear a child. It is apparent that sex education in schools is inadequate and does not equip adolescents with the necessary knowledge to make an informed decision. Interestingly, anecdotal evidence suggests that truancy rates amongst adolescents within inner city areas are significant, therefore their knowledge base related to sex education is questionable. Government policy has advocated adolescents to 'just say no', but what policy fails to recognise is that adolescents need to be

empowered to 'just say no' and the source of this empowerment is through education (Lawson 1993).

Decisions to bear a child are probably best viewed as a complex mix of individual needs and social forces. Rhode (1993) suggests that adolescents are influenced less by the desire to have a child than by family and peer pressures; motherhood becomes a way to punish parents, to please grandparents or male partners, or to gain status. Early research into pregnancies among low income adolescents suggested that many mothers were not motivated to have a child but were insufficiently motivated to avoid it: the economic opportunities sacrificed through early motherhood did not appear sufficiently great to justify deferring childbirth (Bowermann 1966). This interpretation of adolescent motherhood could still have currency in today's society.

Summary

It may well be that a considerable gap exists between adolescent mothers' needs and experiences and Government policy about them and social perceptions of them. This study provides an opportunity to explore the ideologies that inform Government policy (Social Exclusion Unit 1999) and uphold social stereotypes of adolescent mothers. An important aspect of the study will be its focus upon the social, educational and economic expectations of a group of adolescent mothers and the coping strategies that they adopt.

Aims of the study

- To generate a grounded theory of adolescent motherhood drawn from the experiences of a group of adolescent mothers.
- To contribute to midwives' understanding of the lives and experiences of adolescent mothers

Study sample

This study has provided an opportunity to explore issues identified in the literature from the experiences of a group of adolescent mothers (n=35) as they participate in a specially designed educational programme to

allow them to complete their compulsory education. This is a qualitative study, which adopts a grounded theory approach set within an interactionist framework (Strauss and Corbin 1990).

The limitations of the study are recognised in that the findings are not generalisable, but a range of issues are highlighted that may inform midwifery practice and point to the need for a multidisciplinary approach to provide seamless care and support for adolescent mothers.

Study setting

The group of adolescent mothers were attending a Pupil Referral Unit exclusively designed for adolescent mothers to facilitate the completion of compulsory education.

Ethical consideration

The proposal was presented to the Pupil Referral Unit and considered by the Local Education Authority where approval was granted. Consent was gained from all the mothers in the study and confidentiality has been maintained throughout.

Data collection

Over a four month period one day per week was spent in the Pupil Referral Unit. During this time a reflective diary was kept, observing the mothers in the Unit and recording the observations. Combined with the literature, the observation period provided the themes for the development of the research methodology.

Four central themes were developed:

- The educational experiences of the mothers at the pupil referral unit
- Social and economic experiences of the mothers and the coping strategies they employ
- Perceptions of the support systems offered in the pupil referral unit
- Feelings related to motherhood.

Focus group interviews

The next stage of this study involved focus group interviews (Kreuger 1997a ,b ,c & d). Five dates for the interviews were agreed. An adapted data analysis technique was developed, guided by the methodology advocated by Strauss and Corbin (1990).

The analysis of the data prompted further development of the initial themes with the emergence of lines of enquiry. The emerging six themes and lines of enquiry are as follows:

FIGURE 1 INTERCONNECTING DIMENSIONS OF ADOLESCENT MOTHERHOOD



THEME 1

What does motherhood mean to an adolescent mother?

Lines of enquiry

- Shock and fear
- Reduction in freedom and choices
- Age, maturity, responsibility, loss of independence and freedom
- Having a social life and feelings of guilt
- The caretaker role
- Labelling and stereotypes

THEME 2

Fathers of the children and relationships with men

Lines of enquiry

- Mixed reactions
- Negative status
- Having a child was the mother's problem
- The paternal role
- The provider
- Supporter
- Relationships with other men
- Maternal grandparents reactions to the father
- Marriage

THEME 3

Relationships

Lines of enquiry

- Relationship with parents
- Relationships with friends

THEME 4

Stigmatisation

Lines of enquiry

- Being part of a stigmatised group

- Perceptions that motherhood ruins adolescent females lives

THEME 5

Support

Lines of enquiry

- Support from the family
- Support from the State
- Support from the Pupil Referral Unit
- Support from peers

THEME 6

Education

Lines of enquiry

- Truancy and dislike of school
- Pressure to attend school
- Attendance at the Pupil Referral Unit
- Availability of childcare facilities
- Educational achievement and career aspirations

Findings

Using a grounded theory data analysis (Strauss and Corbin 1990) of the themes and lines of enquiry has revealed that adolescent motherhood comprises a complex range of issues with opposing and overlapping dimensions:

Dimensions of adolescent motherhood

- Maturity versus immaturity
- Caring for a child versus being cared for
- Responsibility versus freedom
- Fatherhood versus motherhood
- Dependence versus independence
- Aspirations versus acceptance

Figure 1 illustrates the interconnecting dimensions of adolescent motherhood.

The next stage of the study involved undertaking semi-structured interviews (n=15). The semi-structured interviews allowed for the further exploration of the opposing dimensions, incorporating and further developing the themes and lines of enquiry.

Maturity versus immaturity

Within this paper one dimension of the study, maturity versus immaturity in adolescent motherhood, will be explored. The issues surrounding this dimension are multifaceted and not easily untangled.

Whilst the mothers perceive themselves as being mature because of their maternal status, there are aspects of their lives where they are dependent for assistance and support, dependent upon their families in particular, the father of child, the Pupil Referral Unit, their peers and the State.

Motherhood was an experience all the mothers shared. Without exception, none of the mothers had planned pregnancy. The reasons for becoming pregnant were alluded to and included:

- To be sexually active was the norm
- Not sufficient known about sex and contraception
- Knowledge of sex and contraception was often based on folklore and ineffective practises
- Lack of motivation to use contraception
- 'I thought it would never happen to me'
- 'It was only a one-night stand'

Chronic truancy was an issue for the majority of the mothers. Pregnancy was not the reason for truancy, but pregnancy was a consequence. Recent Government initiatives (Social Exclusion Unit 1999) have advocated sex education programmes within schools, but for those adolescents who do not attend school, this initiative is ineffective.

The adolescents, when pregnancy was confirmed, did return to education, but the reasons for the excellent attendance at the Pupil Referral Unit were much more than the education the unit offered. The unit offered the mothers a structure to their lives and broadened their traditional perception of education. The mothers felt the unit was not like mainstream school, they were allowed to take their child with them and were responsible for the care of their child during the education process. The mothers received individual tuition and were allowed to work at their own pace. The environment was baby friendly, the mothers were brought to the unit by minibus at 9.30am and then returned home at 2.30pm for the babies to have an afternoon sleep. It is inter-

Some mothers had attempted to conceal the pregnancy, not wanting to inform their parents or face the reality of pregnancy and the impact it would have on their lives

esting to note that the mothers felt they were perceived differently and given a different, more mature status because they were 'mothers at school'. Pupil referral units whilst adapting to the specific needs of adolescent mothers may also contribute to the mothers' feelings of maturity by offering them an alternative environment reflecting their status as mothers.

The mothers at the unit represent only the tip of the iceberg. Many mothers do not return to school; they have tuition at home or drop out of the educational system altogether. From an educational perspective the mothers referred to the unit have been advantaged in many ways, as attendance at the unit is 100%.

For the majority of the mothers, termination of pregnancy was not an option. Many had concealed their pregnancy and therefore it was too late to consider a termination. The mothers accepted pregnancy as their responsibility. Maternal grandparents were supportive; most of the mothers lived with their parents, often in overcrowded conditions. Some of the mothers lived in their own home and some lived with a boyfriend or the father of the child, but they were still supported and relied on their parents. Parents were initially shocked when they found their daughter was pregnant, but they stood by them regardless. Maternal grandmothers in particular appeared to act as gatekeepers and for some of the mothers; ties to the father of the child were broken. The decision to break ties with the father was a 'trade off' by mothers to secure the support of parents.

The role of the father of the child was not clear from the data. Some of the mothers still had contact with the father and allowed access to the child, although they were not dependent on the father for support. Some mothers were living with the father and appeared to have a stable relationship. For

many of the mothers the father was no longer a part of their lives. The mothers perceived the father of the child as a means of financial support and if the father was not financially stable then he was excluded. Consequently, many of the fathers of the child were afforded no status as a parent. Some of the mothers had boyfriends and it appeared from the data that some boyfriends were happy to assume the role of father even if the child biologically was not their own.

Age of mother

The actions and reactions of the mothers imply that motherhood was not a state that was planned or desired. The mothers were all pregnant during the ages of 14 and 15 years. Some mothers had attempted to conceal the pregnancy, not wanting to inform their parents or face the reality of pregnancy and the impact it would have on their lives. Some parents had suspected pregnancy but did not broach the subject initially with their daughters. All of the mothers reported that, after the initial shock, their parents had been supportive.

Perceived maturity

The majority of the mothers felt they had matured since having the baby. Actually having the baby marked a process of maturity. The baby brought with it a reality in the mothers' lives and with it the status of motherhood, which could not be concealed. The Pupil Referral Unit reinforced their status as mothers, being specifically designed for this purpose.

Those interviewed that were pregnant reacted differently. In the early stages of pregnancy they felt they had not changed; as pregnancy progressed and body image changed then they perceived themselves maturing, getting ready for the baby.

What appears obvious from the mothers' comments is that, during the latter stages of pregnancy and motherhood itself, the mothers themselves appeared to change. They assumed responsibility for the child and made changes to their lives. Change and responsibility were linked to maturity. Age was also a contributing factor for the mothers; with motherhood, they felt older.

Responsibility of caring for a child

Many of the mothers in the study had younger brothers and sisters and were therefore exposed to and engaged in childcare.

Most of the mothers had assumed responsibility for the care of their child. Many had experience in caring for children although

there was recognition that it was different with their own child. The mothers did receive support from family members. They seemed accepting of their maternal responsibility. Caring for the child appeared to focus on the physical care, there was little discussion of emotional responsibility.

Relationships with friends

Relationships with friends played a significant role in the mothers' feelings of maturity. Many of the mothers had lost contact with their pre-pregnancy friends, the main reason for this being motherhood and the sense that they had nothing in common with their friends anymore. For some of the mothers, attendance at the pupil referral unit had meant losing touch with friends.

In general, the mothers all agreed that their lives had changed with motherhood and attendance at the pupil referral unit. A number of reasons were presented by the mothers to support the changes to their lives, however all of these reasons centre on their status as mothers. The responsibilities they assume, their reliance on their families for support, finance and care of the child appear to place restrictions on their lives. The mothers did not appear to resent motherhood; there appeared to be a sense of acceptance of their position, which underpinned their notions of maturity, a maturity which appears to be enforced.

Conclusion

It is apparent from the findings that the mothers struggle with many aspects of motherhood, the struggle focusing on emotional expectations of the family, peers and the Pupil Referral Unit. In many ways society perceives adolescent mothers as being immature. Regardless of this perception, they are expected to aspire to the role of mother and are actively scrutinised in their effectiveness within this role.

The process of female reproduction is associated with the maturing of the female body. The normal female body becomes fully functional after bearing a child: all of the reproductive functions designed for childbearing are utilised. Within this narrow definition the female body matures after bearing a child. The adolescent female who becomes a mother has assumed status of physical maturity through motherhood. It is unclear if a process of emotional maturity accompanies reproduction or if this has to be learned by the mother, perhaps through experience.

Many of the mothers perceive maturity

through childbearing as complete in all aspects. Many of the mothers are used to caring for siblings and have little problem in adapting to the physical care of their child. From the data there seems to be a void between physical and emotional maturity. The mothers are able to care for their child but need support for the emotional and operational impact of motherhood on their lives.

The mothers relate having a child as a right of passage to maturity through motherhood. For some of the mothers, perhaps their pre-pregnant lives had little meaning or value, so they have aspired to the status of motherhood unconditionally. The mothers fully accept the responsibility of motherhood and are able to provide the physical care and nurture of their child, but they are ill-prepared for the realities that motherhood brings to their lives. Many of the mothers reported they had lost contact with their pre-pregnancy friends, having nothing in common with them anymore. As mothers they place the child at the centre of their lives but they need the support and assistance to mature emotionally. Attendance at the Pupil Referral Unit emphasises this perceived maturity. The unit does not operate as a traditional school. Attendance at the unit is excellent, but the mothers get more than a formal education, they are recognised as mothers and this reinforces feelings of maturity.

The mothers' need of support is perhaps a hallmark of their immaturity. They have adapted to the role of mothers and this is reinforced, but they still have aspirations for their future, aspirations that perhaps mirror the hopes and dreams of their non-pregnant contemporaries. From the mothers' comments, it appears that with motherhood comes a suppression of individuality and an acceptance of 'their lot'. The Pupil Referral Unit provides them with an avenue of protection and escape where they can complete their education and adapt to motherhood, the price being a loss of their individual aspirations.

The initial results of this small study are significant to midwifery and health as they portray adolescent motherhood as a complex issue that involves all aspects of an adolescent's life. Midwives are in a prime position to support adolescent mothers through recognition of their needs as mothers and adolescents.

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Adolescent motherhood may not be a bad thing

The stage of life known as adolescence is marked by a number of distinguishing factors including a child's passage through to adulthood with its accompanying changes to the body and emotional responses via a process of hormonal change. Young men and women between the ages of 13 and 19 years – many with the support of parents, teachers and peers – make this unpredictable journey, often suffering from emotional responses that represent a continuum from euphoria to depression.

It is known that adolescent depression is a significant problem and that the number of young people who are medicated for depression is increasing (Nater and Roberts 1997). Adolescent suicide (especially among young men), crime, drug and alcohol abuse is increasing in the West at an alarming rate (Nater and Roberts 1997, Tremblay et al 1998). Many adolescents reach maturity and progress to adulthood relatively unscathed, but a significant number of young men and women endure problems during their adolescent years that remain chronic issues throughout their adult life. These include depression, criminality, drug and alcohol abuse.

Younger pregnant adolescents

A major factor during adolescence is the preparation of the female body for reproduction. Because the age of physical maturity has decreased over the past 50 years, the incidence of younger adolescent pregnancies has increased. Adolescent pregnancy in the West is perceived as a problem and not a desired outcome of the adolescent years. Pressure to reduce adolescent pregnancy to 5 per cent of total UK pregnancies by 2010 is related not to physical but to psychological immaturity. In the main, adolescent females who bear a child are also unable to support themselves independently and therefore will have an enduring dependence on the state and family for financial and emotional support.

The government wishes to avoid this dependence at all costs, and therefore has labelled adolescent pregnancy a problem. Over the past 10 years, in particular, it has spearheaded a campaign to reduce adolescent pregnancy in the UK (Social Exclusion Unit 1999). The statistics prove that the increase in adolescent pregnancies and subsequent motherhood is related to the lower social classes, with socially and economically deprived areas in the UK

By labelling adolescent motherhood a problem, the government has created a society that is choosing to have children later in life or not at all, with associated problems

experiencing the highest rates of adolescent pregnancy and subsequent motherhood (McLeod 2001). The incidence of adolescent pregnancy is also significant within the middle classes, but social abortion is more common here than in the working classes (Social Exclusion Unit 1999).

The increasing rates of social abortion are recognised as having a long-term impact on adolescent females. It is suggested that those women who have undergone an abortion at an early age experience long-term psychological problems over the loss of a child, and may also suffer from physical symptoms including problems with infertility in later life (Watt 2002).

Education

The government has recognised that education is key in reducing adolescent pregnancy; sex education programmes form

an intrinsic part of the curriculum, beginning in primary school and continuing until compulsory education is complete. However, the campaign has not been as successful as the government expected: rates of adolescent pregnancy are not reducing as predicted, and it is unlikely that the target of reducing adolescent pregnancies from the current 10 per cent of total pregnancies to 5 per cent by 2010 will be met (Barrell 2003, Barrell and Andrews 2001).

One of the reasons for the lack of success may be the increasing problem of truancy in schools. Although sex education campaigns in schools are held up as the key to reducing adolescent pregnancy and sexually transmitted diseases, the government has failed explicitly to recognise the link between truancy and pregnancy. Those adolescents – male and female – who arguably would benefit most from sex education are not at school.

Economic issues

It is clear that the government is now re-considering its campaign to reduce adolescent pregnancy as the UK birth rate is stabilising, leading to a probable decline in the youth population. People are also living longer – the average life expectancy for women is 87 years, and 85 years for men (Paculdo et al 2005, www.pensions.co.uk, www.archive.official-documents.co.uk/document/doh/ambition/chart2.htm). As with adolescent motherhood, the ageing population also means that more people are seeking financial support from the state.

There is much debate over life expectancy, the ability to work and pensions. The government has recognised the cost of health and longevity, so we are being encouraged to increase our pension contributions and to work longer. It is suggested that the government as a matter of urgency needs to complete a risk assessment exercise, weighing the cost of adolescent pregnancy and motherhood against the cost of a declining birth rate and an ageing population with its subsequent impact on the economy (Lawson and Rhodes 1993).

Statistics show that women are choosing to have children later in life or not at all, instead concentrating on their careers (Barrell 2003). The consequence of these decisions will have an impact on the

Young mothers trust their midwives and rely on them for support in a society where their motherhood is perceived as a problem

economy insofar as the government cannot ensure the workforce of the future and the income it will contribute to the care of an ageing population. The typical age at which to bear a child is now between 25 and 35. The government is considering incentives to increase the attractiveness of parenthood by raising maternity and child benefits.

Increasing maternal age brings the risk of reproductive problems as the female reproductive cycle moves towards the menopause. This is demonstrated by the unprecedented number of women who are demanding help with fertility problems from the state. The cost of fertility treatment to the National Health Service is enormous.

What's wrong with adolescent pregnancy?

The government, it could be asserted, has made a mistake and is now recognising that by labelling adolescent motherhood a problem it has created a society that is choosing to have children later in life or not at all, with associated problems. The population is ageing and is increasingly reliant on the state for financial support and healthcare. The result of recent government initiatives has been an increased drain on state resources and a government strategy that is in disarray.

As midwives, we are experiencing the impact of government strategy both on our practice and on our lives. From the research I have conducted in adolescent motherhood, it is evident that young mothers trust their midwives and rely on them for support in a society where their motherhood is perceived as a problem (Barrell 2003). Midwives are often the linchpin in ensuring that adolescents demonstrate they are effective, caring mothers in the face of adversity.

Midwives are also facing the impact of government strategy on pensions and retirement age; many are considering changing their retirement plans and working longer.

It is important that we consider and debate the effect of government strategy and population trends on our practice and on our lives. The profession needs to establish its position and then influence government strategy. We need to be proactive in determining future childbirth trends as well as the health and wellbeing of midwives in the UK. **TPM**

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Editor



2006 will be a challenging year for midwives

Happy New year to you all! It seems unbelievable that another year has passed. For many of you it will have been a year of change for the better. For others, 2005 may have been challenging and you are looking forward to the 'beginning again' a new year brings.

In midwifery terms many of you will have undergone upheaval under Agenda for Change. If you want to tell us about the battles you have faced or any positive effects, we would be pleased to know. As far as students are concerned, Andrea Simpson is spearheading a campaign to challenge the current system for paying midwifery students (see 'News' page x). Following on from our *Moonlighting Midwives* report (Hall 2004), we are supporting her stand and we hope you will, too.

At the beginning of 2005 I wrote of the need to make change in our profession. This month we look at how we can make things better for the women in our care. Maria Barrell's 'Comment' helps us to think about improving care for younger women. Mary Newburn reports on how improving the environment in maternity units can have a positive effect for both women and staff. Pat Lindsay writes of giving a 'normal' focus for women regarded as 'high risk', while Sarah Hunt describes her positive experience of using the NICE guidelines for induction.

This year we should consider how we can improve care using the National Service Framework. I encourage you to write about the changes you are making to enable us to unite and achieve the best service for women and their families. **Jennifer Hall, Clinical Editor**

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Teenage pregnancy link with truancy

Research reveals how girls are missing out

By Elaine Blackburn
Health Correspondent

TEENAGERS most in need of sex education at school often miss out because they are playing truant.

Researchers from the University of Northumbria found that most young mothers missed out on formal sex education because they had skipped school.

But they found that adolescent mothers returned to school to complete their education if childcare was available, because they recognised its importance for themselves and for their child.

Maria Davison, head of midwifery and neo-natal care at the university, said: "One of the things that having a baby brings with it is maturity. They can see the need

to do the best for their baby and themselves."

The study is based on 37 North mothers aged between 15 and 18.

It found that their lack of sex education did not detract from their skills and abilities as a mother.

Mrs Davison said: "Their relationship with their children is very caring, their caring skills are really very good."

"They enjoy playing with their babies and that's perhaps because teenage mums, in many ways, still have child-like qualities."

The research revealed that parental support for teenage mothers in Newcastle was high, with some of the group taking part in the study still living with their parents.

It also found the teenagers now realised that education was crucial and that they believed having a baby should not mean being forced to take any low-paid job.

The findings will be sent to the Government, where it is hoped they will influence future policy towards adolescent mothers.

Article (The Journal Newspaper, 14 March 1998)

Teenage mums given a raw deal

SOCIETY says teenage pregnancies and motherhood are bad, and treats them as a mistake, but this is not always the case. Some teenagers plan to have their babies and most make excellent mothers.

Opportunities for young mums in the North-East are very limited and the child can provide her with a great deal of self-esteem.

Motherhood is a role cherished in society and should give the teenager great respect.

I am based at the RVI and in charge of midwifery and neo-natal care and I have worked with teenage mothers for a long time, so my views are often very different from others.

I feel very strongly in support of these mothers and believe they are a group that has been exploited.

A lot of the adolescent mothers I deal with were chronic truants and here could be a link there. The ones who needed sex education most were not attending class. So, even though there is provision on the National Curriculum, the adolescents may not be getting it.

I am also concerned about how sex education is taught.

It should be taught by health professionals such as family planning clinic nurses. I know that health professionals teach in some schools, but it is not the general rule.

The nurses are trained to very high standards and talk in terms the children can understand. The information does not get through if it is taught like a biology lesson.

If we are to look at the subject of teenage pregnancy then it is not about blaming them or labelling them as a deviant group, it is about understanding them.

For the past two years I have been working on a PhD, focusing on the social and educational experiences of adolescent girls and talking with a group of young

Figures show teenage pregnancy is soaring in the region but statistics do not tell the full story. MARIA DAVISON, head of midwifery

at Northumbria University, stands up for young mothers.

mothers from Newcastle.

The research I have been gathering has been fascinating.

There have been a lot of recent studies done on teenage pregnancy, and I am sceptical about this latest set of figures. I don't believe they give the full picture and they don't do the young women any good.

I believe the government releases research like this as shock tactics to back up current campaigns, which means young mothers are being used as scape-goats because they are not in a position to fight back.

From my understanding, teenage pregnancies rose in the '70s and '80s, but have stabilised in the '90s. I believe there has definitely been an increase in abortions, however.

If true, the increases come with the improvement of the health of the nation. Boys and girls are maturing quicker physically, but not mentally and many

girls are menstruating before they hit their teens. This means they are sexually active earlier than they used to be.

Teenage magazines openly discuss sex, but some girls seem to be ill-informed. I have taken a cutting from one magazine where a 17-year-old girl has written in, complaining that she is infertile.

As to family planning information, it seems this is not getting through to them. We need to do a study of North-East teenagers to find out where they

are getting their information from, and I suspect most of it is from friends.

I have spoken to many boys and girls, and they are still very anxious about going to family planning clinics and frightened about who may find out that they are seeking help, unaware of confidentiality rules.

Most teenagers who fall pregnant in the North-East come from the working classes but I believe abortion rates need to be closely analysed. These teenage pregnancy statistics don't go on to show how many live births result from them.

There is a higher proportion of adolescent mothers coming from working-class backgrounds, which may show that more from the

middle classes chose to have abortions.

However, I know many young mothers wanted to get pregnant.

It also goes full circle, back to sex education, because

the pregnant mother from the working class background may not be aware of all her choices.

She may eventually get the sex education she needs, but it could be too late for her to have an abortion.

Research also shows that there is a strong chance the young mother will have a second child within two years.

There is a suggestion that it is a parental problem. It is often the case that the teenage mother's own mother gave birth to her in

adolescence, so it is borne out through the generations.

However, situations are different now. The teenage mothers of today are not married. They know they are not going to get financial security in marriage, so they rely on their parents to help them.

The mothers I have spoken to are excellent, which shows age is irrelevant. When you become a mother for the first time, whether you are 30 or 15, you will have just the same problems and feel just as lost.

Young mothers have more energy to play with their babies. I am not saying older mothers don't play with their children, but I believe they lose a lot of that child-like quality.

It mainly boils down to finance. It has nothing to do with mothering skills. A mother of 30, however, will be better equipped to support her child.

A public health consultant has said girls who have job prospects are more cautious about their sexual behaviour, which suggests they don't become a statistic.

I think the statement is unfair because it may also suggest that young mothers don't have career plans, but that is not true.

In my experience, they all have future plans and talk to me about their GCSEs and their career path they want to follow.

They are very committed to their education and having a baby has actually helped many former truants get back into the classroom, because they know their child's future depends on it.

If you read teenage magazines now they openly discuss sex but some girls seem to be ill-informed.